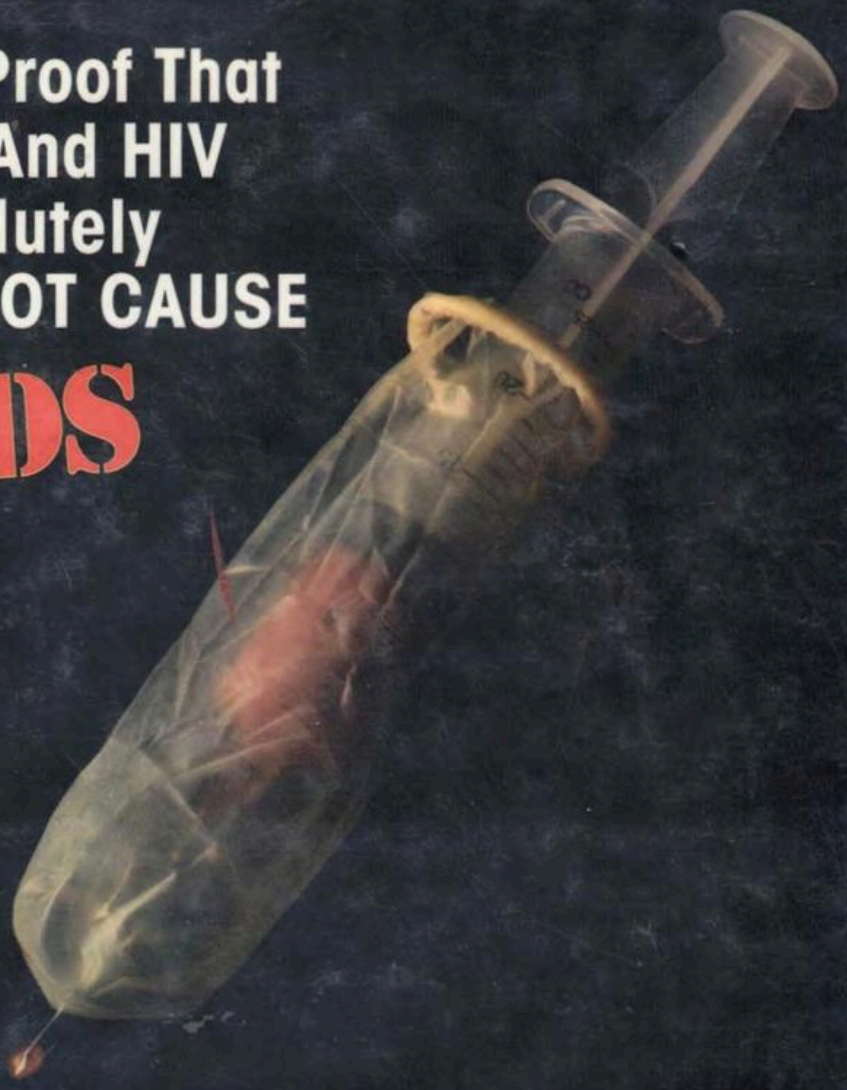
The Shocking Truth
Is At Last Revealed In ...

DEADLY DECEPTION

The Proof That SEX And HIV Absolutely DO NOT CAUSE AIDS



Robert E. Willner M.D., Ph.D.

USA $23.95

Can. 29.95

In *Deadly Deception* Dr. Willner proves:

+ *THE AIDS HYPOTHESIS IS*

TOTALLY FRAUDULENT.

+ *ITS PERPETRATORS ARE GUILTY*

OF ClUMINAL FRAUD AND MVR·

DERJ

+ *THE HIV VIRUS DOES NOT AND*

COL'LD NOT POSSIBLY CAUSE AIDS

OR ANY SERIOUS DISEASE.

+ *AIDS IS NOT TRANSMITTED*

SEXUALLY NOR IS IT CONTAGIOUS

BY ANY METHOD!

In the United States, more people die

each year overdosing on sleeping pills than die from AIDS!

Each day healthy individuals continue

to be diagnosed "positive" by a totally inaccurate HIV Test. They are then treated for an imaginary, non existent disease with AZT (Zivovudine) the

that was shelved because it was too toxic to treat cancer! AZf actually causes Acquired Immune Deficiency Syndrome

and thereby fulfills the prophecy of death

by ·'AIDS."

Backed by scientific and factual proof

you learn the truth:

+ What really causes AIDS, how it can

be avoided and even cured.

+ How the HIV test can be positive

because of having a simple "Flu" vac cination, the measles or many other common infections!

+ Why AIDS is not an epidemic but a

total myth based on false projections and disproved by time and the statistics.

+ Why the homosexual community

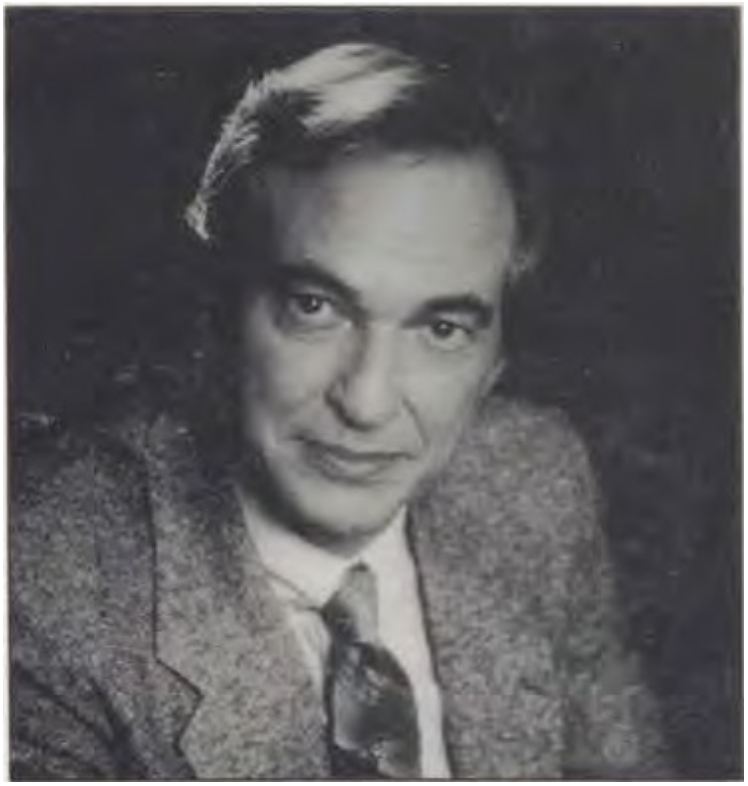
erroneously became identified as AIDS

carriers.

+ Why AIDS is a syndrome and not a

transmittable disease.

(Conlinutd on back flap)



ISBN 0-9642316-1-1

(Continued from front flap)

+ Why 25 to 30 diseases were, for the

ftrst time in recorded history, lumped

together under a new name in an attempt to give the appearance of an epidemic!

+ Acquired Immune Deficiency is not new; it has been known and written about in medical books for almost seventy years.

+ All of this and much, much more are

revealed for the first time in: *D adly Deception!*

AUTHOR ROBERT E. WILLNER, M.D.• PttO.

When asked why he would pm his life

on the line to make a poi nt, Dr. Willner replied:

"l do this 10 put a slop to the greate.st murderous fraud in medical history. By injecting myself with HJV positive blood. I am proving the point as Dr. Walter Reed did to prove the tmth about yellow fever.

In this way it is my hope to ex pose the truth about HJV in the interest of all mankind. •· See back cover.

J acket designed by BBC Grapb.1.:l>

Front jackc:l photogfllphb) Bob Vlllt

published by

PELTEC PUBLISHING CO., INC.

Printed in lhe U.S.A.

DEADLY DECEPTION

THE PROOF THAT SEX AND HIV

ABSOLUTELY DO NOT CAUSE AIDS

The shocking truth

is at last revealed in...

By Robert E. Willner, M.D., Ph.D.

Other Books by Robert c. Willner. M.D.• Ph.D.

The Cancer Solution

Published by Peltec Publishing Co., Inc.

The opinions expressed in this book are those of the author and do not necessarily reflect those of the publisher, printer, distributors or any establishment in which it may be sold.

However, the facts speak for themselves!

The information in this book is based on published and unpublished sources. The purpose is for the dissemination of knowledge and should not be construed as giving medical advice. Your choice of health care and my right to express opinions based on experience and documentation are protected by the constitution. It is my intention to provide the reader with knowledge not being made readily available, in order to be sure that the doctrine of informed consent is being fulfilled, and that freedom of information is exercised.

Robert E. Willner, M.D., Ph.D.

DEADLY DECEPTION

by Robert E. Willner, M.D., Ph.D.

Copyright© 1994 Peltec Publishing Co., Inc.

All rights reserved

Printed in the U.S.A.

IT

•..IN MEMORIAM

To the victims of all drugs, especially AZT, who have died because they weren't informed that drugs cause the diseases of immune deficiency. I dedicate my *life* to exposing the "Deadly Deception," that you will not have died in vain.

•..A MESSAGE OF LIFE

To all those who have suffered the terrible fear, despondency and devastation thatcomeswith being told "You areHIV-positive"-

You have been victimized by

the "Deadly (cruel) Deception"

You willllve!

Hopefully you will read this book

before you start the conventional deadly therapy.

Remember, however, it is never too late!

Peltec Publishing Co., Inc.

4400 North Federal Highway

Suite 210

Boca Raton, FL 33431

1-800-214-3645

ill

N

More than five hundred of the world's most prominent scientists are questioning the AIDS hypothesis. Their number is growing daily-This book tells the story.

v

VI

THE FACTS AND THE PROOF

THERE IS NO EPIDEMIC

AIDS IS NOT CONTAGIOUS

WHY BEING HIV POSITIVE IS

NOT A DEATH SENTENCE.

WHAT REALLY CAUSES AIDS

HOW AIDS CAN EASTI. .Y BE PREVENTED

HOW AIDS CAN BE **CURED.**

YOU ARE THE VICTIM

OF A MULTffill..LION-DOLLAR FRAUD.

An incredible story of the arrogance, ignorance, corruption, and deception of establishment medicine, the pharmaceutical industry and agencies of the U.S. Government. A factual account, completely documented, of the most horrendous and deadly scientific fraud in history.

vn

VIII

LET THE TRUTH BE KNOWN

Because of the efforts of some very special people, the most 1mportant medical message of the century has already reached the minds of millions of people.

Deepest thanks to:

MARISA CASARES SAYTOS

Indispensable Advisor, Public Relations Manager, and Incredible Instantaneous Translator

ANDRES PALLARES

(Editor)

and the staff of

LANCELOT

The incredible weekly magazine of Lanzarote in the Canary Islands, Spain

ANTONIO COLL GONZALES (President)

JORGE M. COLL GONZALES (Director)

GLORIA ARTILES (Columnist)

and the photos of

JOSE LUIS CARRASCO

THE STAFF OF ONDA CERO RADIO, FM CANAL 28

(Lanzarote, Canary Islands, Spain)

and to Pepe Navarro

whose popular television show was the first to air the story IX

X

PROSPECTUS

When you have read this book completely, you must come to the conclusion that the following are basic facts and truths: AIDS IS NOT CONTAGIOUS

AIDS IS NOT A SEXUALLY TRANSMITTED DISEASE

AIDS CAN EASILY BE PREVENTED AND CURED

Dr. Gallo (the ..discoverer" of the AIDS virus) and his cohorts are guilty of a conspiracy to intentionally commit criminal negligence.

They are guilty of fraud and manslaughter.

The so-called "AIDS test"' is unreliable, invalid, and completely misleading; it inaccurately and undependably tests for **immunity** to an innocent virus.

On the basis of a meaningless test, individuals are subjected to the killer drug AZT.

All of the studies on AZT are fraudulent and misleading, including the first study which resulted in the licensing of this drug.

The Food and Drug Administration of the United States, which licensed AZT, is aware of this fact and has not recalled it; they are guilty of criminal negligence and genocide.

The AIDS hypothesis, its diagnostic tests, and its treatment are the..

DEADLY DECEPTION.

XI

xn

REFLECTIONS -BEFORE

When we were children ...

Our mothers and fathers said there was a Santa Claus, an Easter bunny, and a tooth fairy. Of course, we all believed it. After all, it was mom and dad who said they existed. And besides, we were only children. The evidence seemed so convincing: there were presents under the tree, colorful eggs hidden in strange places, and money under the pillow. It took maturity and facing the

facts of life to make us cognizant of the truth. Most of us painfully gave up the myth.

Now as adults ...

For ten years we have been told by our scientists, our government and the media that there is a contagious epidemic called AIDS, and of course we all believe it. After all, it is the "authorities" that say so. Besides, now we are adults and we know better, it must be the truth -the evidence is so convincing; there are millions with the disease, they found the virus, and they even have a test for it!

but ...

What if it is a myth?

What if AIDS is 25 old diseases which are given a new name?

What if the facts are against the viral theory and there is no proof the virus causes anything?

What if the numbers are only predictions that have proven to be **91%** wrong during the flrst ten years?

What if the test is completely unreliable?

What if the causes of acquired immune deficiency have been known for over sixty years?

What if those causes are more prevalent now than ever before?

What if the drug used to treat AIDS causes AIDS?

What if the evidence is overwhelming that sex has nothing to do with AIDS?

What if giving up this myth may save your life?

xm

XIV

CONTENTS

... In Memoriam

... A Message of Life .....ill The Facts and the Proof .... XIT

Let the Truth be Known IX

Prospectus XI
Reflections -Before ....X1ll Preface - Please Read! XIX

A Warning of a Different Kind XXV

The Challenge to lllV, ARC, and AIDS ..... XXVII Fact XXIX

Statement ..... *XXXl*
Dedication .... XXXIII Chapter 1

THE IITSTORY OF THE AIDS EPIDE:MIC

How the Lie Began 1

The Ten Commandments of Fraud..... *5*

A Glimmer of Light 6

How Could They Get Away With It? 7

Chapter 2

THE SUPPOSED EVIDENCE

Supporting the Hypothesis that HIV Causes AIDS 11

XV

Chapter 3

THE EVIDENCE

Disproving lflV Causes AIDS..... 23

Etiology 24

Chapter 4

EPIDEMIOLOGY

AIDS is Not Contagious, (It Does Not Spread) 37

Annual Conversion Rates 39

Where's the Epidemic?.....41

Chapter 5

AIDS IS NOT TRANSMITTED SEXUALLY

The Impossible Scheme..... 45

Wbere's the Virus? 46

Mr. IDV, Your Transmission Is Broken..... 49

Causes, Co-Factors, or Confusion? 52

Why Pick on Sex?..... 56

Chapter 6

WHAT CAUSES AIDS?

Fact .....,.....59

Known Causes of AIDS 62

The Amyl Nitrite ("Poppers") Connection 62

Drug Use, Malnutrition, and Starvation 68

The World's #1 Retrovirologist Blows the Whistle

- Dr. Peter Duesberg on AIDS 71

INTERt\flSSION

A Time to Reflect-Again 75

What About Arthur Ashe? 76

Will Magic Johnson Die of AIDS? 76

A Friendly Reminder 77

Chapter 7

PREVENTION AND TREATMENT

What Is and What Should Be 79

XVI

Drugs And Chemotherapy (AZT)- Danger! 80

The *AZ.T* Score Card 83

Will a Vaccine be Developed

and Do We Really Want One?.....85

Chapter 8

THE CURE

Alternative Therapies that Really Work 91

Diet(s).....92

The Bud\vig Diet 93

Diet Supplen1ents 97

Important Don'ts 105

Effective and Safe Medical Therapies 107

Chelation 107

Chelation Protocol 112

I.V. Vitamin C & Minerals 113

Ozone (0..... 114

The Importance of Oxygen 119

Ozone Actions..... 120

Dinitrochlorobenzene (DNCB) 121

Enderlein Formulas 122

Antibiotics, Antifungals, & Antiparasitics 122

lmmunostimulating Herbs 122

Herbal Formulas..... l32

Shark Cartilage and Apricot Kernels 133

Homeopathies 133

Thymus Preparations 133

Electromagnetic Therapy 133

What Else Can You Do? 144

Chapter 9

IMPORTANT ADDENDUM:

The Corruption Gets Worse

But There is Hope on the Horizon 137

The Truth Will Come Out..... 140

National Cancer Institute Treachery 141

The Plague that Never Was 141

XVII

Axioms that a Lifetime of Medicine Teaches 144

A Call for the Truth ..... *f.f!J. .'.'.t1.r'!. . r:. '!!f!! t!.f. r: C:l!P.l. '!IL*

Comments of a Noted Journalist 160

Comments of a Noted Author..... 161

Chapter 10

THE BEGINNING OF THE E:W

The Needle Stick 163

The Stakes 166

The AIDS Scorecard 171

Chapter 11

A HELPING HAND

Professional Resources 177

Product Resources..... 205

Information Resources 220

APPENDIX

Sample Letters to Government 225

Correspondence .....?. $..

.f!'!!.1!. tf.ll?!:

About the Author *(Curriculum Vitae)* 241

An Invitation to Share Your Knowledge 247

Bibliography 248

****

At the Last Minute 258

********** **********

XVIII

PREFACE -PLEASE READ!

"Science based on misinfonned consensus and circumstantial evidence, invites disaster." -REW

TIDS IS A BOOK OF FACTS.

IT IS NOT BASED 01\ FACf, IT IS FACf.

IT IS NOT BASED ON HYPOTHESES, IT IS FACT.

If after reading this book you are not convinced by the factual and incontrovertible evidence presented, then the title of this book was well chosen. You have been victimized by the "DEADLY

DECEPTIOl'i".

The words you are reading now were written after the first draft of the manuscript was completed. I gave the manuscript to many individuals from all walks of life to determine what was left unan-swered or where doubt still remained. The effon was well worth the investment in time and money. Their comments and questions were a revelation.

It is imperative that you know the truth and that every question you could possibly ask is answered completely. The remaining doubts of some of the many who reviewed the manuscript per-suaded me to return to my computer and stress the salient and vital facts which escaped the reader.

The basic, fundamental, cardinal, quintessential and vital questions will be answered here in the preface and throughout the book.

Forgive the repetition, but the web of lies has created a deception so thick and for so long, that it takes a chain saw to cut through the truth.

In spite of 30 years' experience in medicine, I realized that it took me four years before I suspected there was something wrong with the AIDS hypothesis. It took another five years for me to sort out the truth.

Let logic and truth replace the monumental lies.

In order for each section to be completely coherent without the reader haYing to search back through the pages to recollect an important fact, I

repeated the information for purposes of clarity and emphasis.

The deception is about the AIDS "epidemic". It 1s not, however, a singular deception. It is an intricate maze of lies, lies based on other lies, guesses, and distorted ci rcumstantial evidence. It is

"science" based on a misinformed consensus of honest physicians and researchers who trustingly accepted the hypotheses as verified fact.

For ten years the American people and the world have been victims of an a tounding

effective than, Hitler's big lie in dece1ving humanity. The maJority of mankind was not even born when a short black-haired megalo-maniac with a htlle black mustache convinced 60 million people, one of the most scientifically-advanced nations of the world that they were the blond-haired, blue-eyed aryan master race. It is inconceivable that a people more intelligent than most could have been led into the most destructive war mankind has ever known.

Yet, today, lies potentially more dangerous then Ilitler's are being disseminated by unsuspecting governments, the World Health Organization, and a media power that couldn't even be i magwed in Hitler's time.

DEADLY DECEPTIO

(The lost

LIE I. AIDS is Caused by the HIV Virus.

LIE II. AIDS is Contagious.

LIE Ill. A Posit1ve HIV Test Means Death by AIDS.

LIE IV. AZT is a Treatment for AIDS.

LIE V. AIDS Has No Cure.

XX

THE FACTS

(The Real Truth)

I. AIDS is caused by *drugs and malnulrilion* (starvation) and *the virus has nothing lo do with it.*

D. The test for HIV is completely inaccurate, predicts nothing, and can cause severe illness through intense fear.

m. AZT, the main drug used in treatment, *causes* AIDS.

The brainwashing has been so incredibly effective that your first impulse will be to think that this book is the product of one of those ridiculous tabloids. However, everything in this book is factually documented. Many of the best and brightest scientists now condemn the AIDS deception and it originators.

The perpetrators of the AIDS fraud are named. They dare not sue their accusers and go to court because their crime would be exposed and their growing tens of millions of dollars in profit would dry up. They have cleverly involved thousands of individuals and corporations, most of whom are decently motivated, in their despica ble scheme. Worse, they have millions of scientists and physicians who, relatively ignorant in their arcane science, trustingly accept the deluge of fabricated, sophisticated, and wildly pseudo-scientific speculations as scientific fact. Then, with an army of duped and believing scientist followers, they back up their atrocious scam with the idiotic proposition that the proof of the AIDS hypothesis lies in the fact that so many believe in it.

Although 60 thousand papers have been written with money obtained from AIDS grants, not one of those papers proves scientifically that the virus causes AIDS.

The original papers UPON which the AIDS hypothesis was based are a sorry pretense of scientific investigation, based on the worst kind of circumstantial evidence and then presented to the scientific community and the world as proven facts.

XXI

The major perpetrator of the scam, Dr. Robert Gallo, has been found guilty of "scientific misconduct," an interesting euphemism for scheming. lying thievery. When finally brought to trial for *his* real crime, *his* defense will undoubtedly be that the AIDS hypothesis has never been anything but an hypothesis, and thus he will try to escape responsibility.

The facts of this sordid affair, tf justice prevails, should convict him of criminal negligence, fraud and manslaughter. The monies that have been wasted in misdirected research, criminally negligent double-blind studies, fraudulent deadly therapy, invalid testing, and illegitimate profiteering, could eradicate the real AIDS from our planet.

After reading this book, some of you will, because of a ten-year media blitz of misinformation, still ask the question, "Then why are so many people dying of a disease we never beard of before?"

The answer:

I. AIDS is simply a new name for 25 diseases that have always existed.

ll. The causes of acquired immune deficiency have been listed in medical texts for over 70 years. They are, in order of importance: malnutrition (starvation), drugs, radiatiDn, and chemotherapy.

III. It appeared to be an epidemic at first, because the drug-addicted segment of the gay population began to suffer the effects from years of drug use. They became an identifiable group \\hen they came out of the closet just prior to the

"epidemic':

IV. AIDS in Africa is what it bas always been-slow starvation and malnutrition-and it hasn't changed at all, except for the name. Simply compare any AIDS patient with the appearance of a crack cocaine baby or the horrible television pictures of starving Somalians, or prisoners in the concentration camps of

:xxn

Bosnia-Herzgovena and Nazi Germany. The epidemic in Africa simply does not exist. It has been an invention based on completely false information provided by indigent families seeking funds from charitable agencies and also by AIDS

workers seeking to protect lucrative jobs. The statistics relea ed are all unverified estimates that have proven to be 91% wrong.

V. Hemophiliacs get AIDS in small numbers because of additives and contaminants in their frequent blood transfusions. This book gives you proof it is not HIV.

VI. AZ:f, a drug so toxic that it was discarded as a treatment for cancer, and wltich causes AIDS, is being given to individuals because they tested positive for antibodies to an innocent virus. They "iU die of an acquired immune deficiency caused by AZT -and many of them are perfectly healthy!

****

XXIII

XXIV

A WARNING OF A DIFFERENT KIND

"That which is alien to nature cannot possibly correct what it undoubtedly caused. " -REW

President Eisenhower, in his farewell address to the nation, warned of the "Military-Industrial Complex". The deadly deception of AIDS warns us of an even more serious threat to *our* lives, our freedoms and our economy:

"The Medical-Pharmaceutical Complex"

This alliance fiercely resists and destroys all opposition to their false and restrictive concepts of disease and its cause. This conspiracy of arrogance,

ignorance and greed is costing hundreds of thousands of lives and wasting more than 200 billion dolJars yearly.

The AIDS fraud is just one example of this catastrophe.

We will lose the war against AIDS, just as we have lost the war against cancer; we will never win the war against either, unJess we understand that the cause of all disease is an acquired immune system deficiency or direct damage to cells, whether it be via the contamination of our world, ourselves, or, in a rare instance, genetically acquired.

We do not "catch" any disease; we simply succumb to our maladaptation to the environment, pollution of ourselves or pollution of the environment. If *this* were not true, then the first "epidemic" on earth would have been our last. The epidemics and plagues of history killed millions, but more ltved than died-why?

The survivors ha,·e always been those whose immune systems and defenses were intact.

A healthy individual is one who has adapted to all of the conditions and everything that occupies our planet. This includes not only bacteria and viruses, but the air, the water, the plants and all inhabitants, including our fellow human beings.

XXV

We have altered our environment more in the past century than nature has over many millions of years. If we alter or destroy the ecosystem without the time or ability to adapt, disease and death will surely follow.

There are better ways.

They have been known for thousands of years.

XXVI

THE CHALLENGE

TO

mv,ARC and AIDS

There are three important components of the AIDS hypotheses which are being challenged as completely fraudulent, and are at the core of a criminal conspiracy and negligence which are unequalled in history. They are:

THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), is a virus that was initially discovered in the blood of several AIDS

patients. It was hypothesized that the virus caused AIDS simply because it was there. However, there is no scientific evidence that indicates this virus is pathogenic (capable of causing disease in humans) and causes AIDS or any other disease.

THE AIDS RELATED COMPLEX (ARC) has also been referred to as "pre-AIDS". It makes reference to the complex of symptoms developed prior to the onset of one of the diseases of AIDS. In medicine the symptoms are often called "non-specific"

and include such things as fever, glandular swelling, weight loss, diarrhea, etc.

THE ACQUIRED IMMUNE DEFICIENCY SYNDRO'ME

(AIDS) is a syndrome and not a disease, just as its name implies.

It is a collection of an ever-growing number of diseases which have been placed in one pot. It is like a vegetable soup containing many vegetablesexcept that in this soup, all the vegetables are supposed to come from only one seed. Now, if that is confusing, they will provide you with 41 different explanations or hypotheses, as to how this might be possible. These explanations are all figments of constipated thought and there is no laboratory evidence confirming them.

FACT

Not one single reference paper (scientific proof) exists proving that HIV is the cause or even a co-factor of AIDS.

FACT

Probably most, if not all, of the causes of AIDS are already known (for over 70 years) and HIV does not qualify as one of them.

FACT

mv was decreed as the cause of AIDS by a politician and a virologist who bas been found guilty of"scientific misconduct".

FACT

Condoms cannot stop a disease that is caused by starvation and drugs.

FACT

As long as the deaths due to stan·ation are blamed on the

"AIDS virus", the responsibility of ineffectual and corrupt governments for the real cause will remain unchallenged, hundreds of billions of dollars will be wasted, and ineffectual and deadly treatments will be employed.

FACT

The studies on which the release of AZT was based are fraudulent.

XXIX

XXX

DEADLY DECEPTION

WHY THE VIRt;S AND SEX DO 1\0T CAUSE AIDS.

STATEMENT

Be prepared to read what may seem to be unbelievable. But, be assured that everything presented has been fully documented and is factual. This is not some wild, unfounded theory about CIA agents testing a potential biological weapon on unsuspecting gays in the United States or on Blacks in Africa; nor is it an equally ridiculous story of green monkeys, or a concocted preposterous theory about a contaminated vaccine (although our government has sadly admitted to similar crimes). It is a true account of perfidy for profit and power.

Many incredible crimes against humanity have been perpetrated by tyrants, and often even in the name of "God". This is the true story of a small group of scientists. government officials and pharmaceutical executives who have turned their backs on science and humanity for personal gain. We are witnessing what may become the greatest genocide in the history of mankind caused by fraudulent diagnosis and treatment and misdirected research.

There is what appears to be an epidemic of acquired immune deficiency diseases. However the well-known causes of these conditions have been treacherously and maliciously misrepresented and replaced by a retro-virus, which cannot possibly be responsible. The human immunodeficiency virus is a myth. It is not at all what it is claimed to be. This document will present the hard facts in contradistinction to the purely hypothetical conjecture and distortion of what is now referred to as AIDS. The motives are money and power. Recent!y. more than 500 of the world's most prominent scientists banded together and formed the "Group for the Scientific Reappraisal of the HIV -*AlDS* Hypothesis". The founder of this group is Dr. Charles A. Thomas, a Harvard biologist.

The impetus for this action began in 1987 when the world's most knowledgeable and honored retrovirologist, Dr. Peter Duesberg XXXI

of the University of California at Berkeley, challenged the HIV-AIDS hypothesis in the journal, CANCER RESEARCH.

The purpose of this book is to explain in language that can be understood by all, what I believe, is the most despicable, shocking and malignant deception. It has the potential to exceed the Holo-caust in its toll on human life.

It will be this deadly deception, and not aids, that will be responsible for this genocide.

I do not wish to be diplomatic or mince words, because there is no time for diplomacy. Mass manslaughter is being committed by a few scientists who have knowingly and purposely misled thousands of their trusting colleagues in a carnage that could be unparalleled in history. They cannot claim ignorance, for they have answered serious scientific challenges with slander instead of proof.

They have used unsuspecting, well- meaning physicians to deliver their victims into the arms of death.

This horrendous murder and profiteering must be stopped now!

Robert E. Wi llner, M.D., Ph.D.

xxxn

IN DEDICATION TO:

A continuing fulfi1lment of The Oath of Hippocrates.

A passion for the pursuit of truth, the enlightenment of hundreds of thousands of sincere, conscientious and devoted physicians and public servants; and to the education and salvation of millions of human beings, throughout the world, who are at risk of being murdered by a hoax so incredible that it almost defies belief.

Dr. Peter Deusberg, who unselfishly has risked his life's work, his many honors and his fortune by his courageous expose of the unconscionable deadly deception known as the AIDS epidemic; and to the many renowned scientists who are daily swelling the ranks of men and women throughout

the world that are demanding an investigation and an end to this incredible, scandalous deceit.

An unyielding determination to establish truth and obtain the indictment of a group of conspirators in medical research, the pharmaceutical induo;try and in government agencies who have perpetrated history's greatest and most deadly deceit on mankind for monstrous immoral, economic and political purposes.

A moral obligation to the few thousand physicians who courageously march to the beat of a different drummer. At the great personal risk of their right to earn a living in research and practicing medicine, they reject the near-sighted, corrupt and destructive approaches of establishment medicine. They truly follow the Hippocratic tradition and, with an open mind, draw upon thousands of years of medical experience to help and to heal. These are the physicians who still obey the edict: "above all, do no harm".

My children and yours, above all, who deserve a bener life where fear and lies do not deprive them of the right to choose their way of living it and preserving it.

Robert E. Willner, M.D., Ph.D.

xxx:m

Chapter 1

The History of

the AIDS Epidemic

"HN does not cause AIDS...Tize point that everyone is missing is that all of those original papers, Gallo wrote on HIV have been found fraudulent...The HJV hypothesis was based on those papers."

Dr. Peter Duesberg, Professor of Molecular Biology, U. of Cal., Berkeley, National Academy of Sciences HOW THE LIE BEGAN...

In 1980, Dr. Robert Gallo, a retrovirologist with the National Cancer Institute, discovered the first human retrovirus (HTLV-1).

A retrovirus is distinguished from an ordinary virus by virtue of the fact that their RNA is converted to DNA by an enzyme called reverse transcriptase. Its replication and survival is totally dependent on the viability of the host cell.If the host cell *dies,* the virus is finished. Dr. Gallo knew this basic fact; however, he would soon purposely ignore this fact in order to serve his own needs by claiming that the virus was very "mysterious". Somehow it would mysteriously survive while mysteriously slaughtering T-cells by the millions (this has never been observed). He had contended in the past, but failed to prove, that the very same retrovirus (HTLV-1) caused a specific type of leukemia which was occurring in Japan. The power of position, that of being a top government official and scientist, has allowed the erroneous label 1

of "leukemia virus" to remain intact even though it was rejected by the scientific communily.

ln 1981, it was proposed that an acquired immune deficiency was the basis for a new syndrome of diseases (AIDS) that appeared to be surfacing amongst promiscuous male homosexuals and intravenous drug users. Dr. David Durack, of Duke University, a recognized expert on infectious

diseases and the immune system, though admitting the prevalence of drug use (particuJarly "poppers" or amyl nitrite) and repeated multiple infections, ignored these well known causes of immune deficiency and announced that this "truly new syndrome" must be due to "some new factor".

Continuously this group of scientists has resorted to theory, not fact, as to how the AIDS virus supposedly accomplishes its dirty deeds. The words, "it is thought", are constantly used in casual conversations or in the non-scientific articles and popular magazines and books. In the scientific journals or at lectures the theory is presented as established fact although there are no facts involved. It is portrayed as an established truth and therefore is accepted as such by most scientists, including physicians. The so-called mv virus is still referred to as a "new" virus in spite of the indisputable evidence to the contrary. Incorrectly, the virus bas been characterized as "attacking" or "infiltrating" the immune system, when in reality this is impossible because it is not alive and does not invade. Retroviruses are engulfed by the cells and incorporated into the cell's life processes.

In 1983, Dr. Gallo embarked on a mission to convince his fellow scientists, in the absence of any scientific experimental proof whatsoever, that another virus he had discovered caused AIDS . At a widely publicized press conference held in Washington, D.C. on April 23, 1984, Dr. Gallo announced that he had discovered the cause of AIDS. He claimed the unearthing of a new retrovirus which he had named HTLV-ill,thus inferring that it was a member of the family of retroviruses he had previously discovered. His claim was bolstered by Margaret Heckler, Secretary of the Department of Health and Human Services, who was under great pressure to come up with some answer to the looming "epidemic". Heckler acclaimed, "Today we add another miracle to the long honor roll of American medicine and science." She also promised that we would have a vaccine within two years, undoubtedly as a result of Dr. Gallo's grandiose urgings. That very day, Dr.

Gallo filed a U.S. patent for an HIV test kit which was destined to make him very wealthy. Dr. Gallo, unquestionably very knowledgeable in

retrovirology, chose to set aside the facts and became the quintessential, intellectual whore.The benefits to Dr. Gallo are money and power; but the costs to humanity are suffering and countless unnecessary deaths. In contrast, street prostitutes are honest-you know what you're getting and you know the risks-and, by the way, AIDS is not one of them.

Margaret Heckler very quickly awarded the lucrative contract for AZT to Burroughs-Wellcome Pharmaceutical Company before the first scientific paper ever appeared in any U.S. journal.

AZT was a drug in search of a disease. It had been sitting on the shelves of the National Institutes of Health since the 1960's.It was an experimental drug that had failed as a cancer remedy and bad been declared too toxic to use. Retrovirology had gained importance because of Nixon's "war on cancer" and the belief that a retrovirus might be the cause of cancer in humans. This approach seemed logical at the time, because retroviruses typically prompted cells to multiply -a characteristic of the cancer process. This is directly opposite to the cell destruction that normally occurs in viral infections. Not only did that war fail, AZT failed, and retrovirologists came up empty-banded after twenty years of intense and arduous research. Alas, a whole group of scientists without a *raison d'etre!* As you would expect, in 1986, The International Committee of Retrovirologists named HIV the cause of AIDS. By giving credence to the hypothesis in the absence of proof, they became party to the conspiracy. It is just what one would expect when frustrated unsuccessful foxes are left to guard the hen house.

Adding to Dr. Gallo's blatant disregard for all established scientific requirements for validation of his claims, it was eventually discovered that HLTV-ill was a retrovirus that had been sent to *Dr.* Gallo more than a year before by Luc Montagnier of the Pasteur Institute in Paris. On several occasions, Montagnier had sent samples of the virus he had isolated in the blood of some AIDS

patients for Gallo's evaluation. A scandal erupted and a battle ensued over the credit for the discovery and the rights to the patents. It took the intervention of the French Prime Minister Jacques Chirac and U.S. President Ronald Reagan in order to reach an agreement that resulted in the sharing of the proceeds and the 3

creclit for the cliscovery (recently challenged again by the French after Gallo admitted he may have made a mistake). It is truly characteristic of scoundrels to quarrel over the spoils of fraud.

It *is* important to point out from the beginning that the acronym AIDS represents the official and scientific designation of the "disease", ACQUIRED IMMUNE DEFICIENCY SYNDROME, which is discussed, examined and critiqued in this book. The inevitable conclusions which a growing number of many prominent scientists have reached, and, which I am sure, you will also, is that AIDS fits neither the definition of a disease, nor of a syndrome.It is merely the lumping together of an ever-increasing number of diseases and symptoms, 25 at the last count (depending on the source), in order to fraudulently create the impression that an epidemic exists.

Keep in mind that Gallo and his cohorts have been getting away with the most elementary unscientific ploy one could imagine.

They have avoided performing scientific controlled stuclies that would be universally accepted as proof. Such stuclies would un-mask their fraud. They have instead relied on fear, intimidation, sensationalism, greed, ambition, envy and the need for recognition.

In this way they have coerced and stupefied an army of followers into believing what, in the past, would have been laughed at, or clismissed as coincidence and/or "anecdotal". mv has been made the scapegoat for incompetence, and a gateway to the lifestyle of the rich, famous and powerful, for unscrupulous, immoral and incompetent scoundrels.The *blitc.krieg* of misinformation has oblit-erated from consideration even the most elementary knowledge, logic and evidence in research and disease.

We have known for more than half a century that we co-exist with many bacteria and viruses. We are well aware that potentially deadly organisms reside within us at all times, waiting only for the balance of health to be tipped in favor of "clisease". Streptococcus, tuberculosis and *Pneumocystis carnii,* the most common "components" of AIDS, are but a fraction of the

infectious organisms that the majority of us live with constantly. *Pneumocystis carnii* are present in the lungs of virtually every individual on the surface of our planet. Yet, precious few of us ever get the disease they cause: pneumocystis pneumonia. This is just one of the most obvious 4

examples of the basic and pervasive flaws in the guiding premises of "modem" medicine.

Consider, for the moment.. the following question: When the great flu of 1919 took the lives of millions of people in the United States, Why didn't the entire population succumb?

When the great bubonic plague destroyed one-third of the population of Europe, why didn't the other two-thirds die also?

Why dldn't everyone die?

The answer:

When an epidemic destroys its *susceptible* population, it ceases to exist In other words, it is the inability of the individual's immune system that determines the degree to which an individual

"falls ill" or whether or not he becomes ill at all. As Pasteur is purported to have exclaimed on his deathbed, "It is not the organism, It is the terrain!" If this were not true, then everyone, in the examples cited above, would have gotten the plague or the flu and all would have died. In factthe first disease on earth would have been the last! The deceivers of infamy have succeeded in creating a chain of events that have destroyed logic and common sense, and in their place, established the following "Commandments" for science, government, the press and the public: THE TEN COM1\1ANDMENTS OF FRAUD

I. Coincidence is proof of cause and effect

ll.

Circumstantial evidence is direct evidence.

ill. One example proves the rule.

IV. One guess supported by another guess creates a fact.

V.

Saying it is so, makes it so.

VI. Don't confuse the issue with facts.

vn. Proof is unnecessary and should be avoided.

VIII. Lie, lie, lie and they'll believe it.

IX.

Silence, ignore and suppress the truth.

X.

Replace reason with dogma, fraud and blindfolded fear.

The repeated use of these commandments by the conspirators prompted T. C. Fry to comment in his book, *THE GREAT AIDS*

5

DEADLYDECE'IION

HOAX; "•.•the presence of what they call HIV in the disease (AIDS) is no more proof of cause than the presence of flies in garbage proves that the flies are the cause of garbage." There could be an exception however, if you consider that the "AIDS

Gang": Robert Gallo, Anthony Fauci, William Hazeltine, Max Essex, James Curran, Flossie Wong Stall, Dani Bolognesi, Margaret Fischler, Margaret Heckler et al., are the flies; then indeed, the garbage was created by them!

****

A GLIMMER OF LIGHT

"Character assassination in response to challenge, is tacit evidence of an indefensible position" -REW

In 1987, the light of truth had begun to pierce their facade. For these conspirators, it was the harbinger of their downfall (if justice prevails). It began when Dr. Peter Duesberg, an international authority on retroviruses, published an article in *Cancer Research* which shook the very foundation of the H1V-AIDS theory. Many scientists were stunned by his position, but impressed by its truth.

Others were relieved that someone had the courage to finally speak up. The powerbrokers and vested interests counter-attacked, not with scientific argument and fact, but with name-calling, character assassination, vitriolic insinuations, denigration, and political and economic reprisal. Their actions and their words only verified their guilt. Then, in February 1989, Dr. Duesberg submitted a masterful comprehensive analysis to *The Proceedings of the National Academy of Sciences.* This prestigious group has ignored this document and taken no action. In the political and scientific worlds, this is usually thesafest way of covering your assets.If you are eventually found out, you can always claim that there wasn 't convincing evidence. Meanwhile, millions have died!

During the past four years, the classical AIDS combination of characteristic features has been reported in individuals who tested negative for HIV, and the number is growing steadily. Of course, the charlatans were quick to "hypothesize" that there must be another "virus" causing it, lest their gambit be discovered. Still another attempt to divert attention from the most important and obvious, scientifically established causes-DRUGS.

They concede now that the virus can't do it alone; that the "co-factors" are necessary. However, we have known that the "co-factors" have caused immunodeficiencies for many decades, by themselves, long before HIV was discovered. It is IDV that is not necessary for AIDS.

HOW COULD THEY GET AWAY

WITH TIDS INCREDIBLE FRAUD?

How could this happen? Surely, it's not possible that a fraud of this magnitude could ever escape the scrutiny of the thousands of scientists throughout the world who have been researching the many avenues of investigation into th.is "modern day plague". It all began with the retrovirologists whose area of expertise is so arcane that most scientists in other fields are quite unfamiliar with it. I, myself, read with complete acceptance the earl y articles in the medical journals, newspapers and popular magazines. Who could doubt the declarations of the powerful and influential governmental departments, agencies and scientific enclaves? Although the many claims made for the virus did not sit easily with me, it was several years before I, almost instinctively, began to doubt what I was reading. I guess it was because of two and a half decades of practicing medicine, that the gradual exposure to the failures and inconsistencies of establishment medicine and its resistance to deviation from the mandated dogmatic approach to disease, I learned to question the pabulum I had been trained to digest.

At first it was the insane, irrational and contradictory therapy that I could not accept. But then, when I attended a dinner at which Dr. Margaret *Fischl* described her infamous "double-blind" study on AZT, the first drug presented for the treatment of AIDS, I knew something foul was going on. Finally, when I traveled to a meeting in Los Angeles during February 1989, dealing with alternati ve approaches to AIDS, at which I heard Dr. Peter Duesberg speak, I ultimately questioned the validity of the disease itself. I had finally become educated about retroviruses by the most knowledgeable man in the field. Until that time I had been presented theory as fact.

Like the rest of my colleagues, I assumed that what I had been taught was proven and therefore believed it to be true. The truth became apparent: AIDS was all supposition, theory, pseudo-scientific, and a scam. Because it was all based on less-than-scientific 7

papers, the most fragile type of circumstantial evidence and self-serving hypotheses, lllV had been indicted, convicted and "sentenced" falsely of a "crime" it could not possibly have committed.

What about the retrovirologists themselves? How could they have been fooled? In an article written for the magazine *The Truth Seeker* (September/October, 1989), Dr. Duesberg explained the reasons.

"After a frustrating 20-year-long search for a human cancer virus, the club (the retrovirologists) was craving for some clinical relevance for the retrovirus and hence, happily adopted *HN*- the AIDS virus-as the cause of AIDS." He went on to explain the impact of the powerful promotion that made the AIDS hypothesis

"instant national dogma". The billions of dollars in funcling, the economic interests of the bio-technology and pharmaceutical companies and the tremendous notoriety from the press which was too much to resist. In wondering why only a handful of scientists questioned the AIDS hypothesis, he cited"...the conformist pressures on scientists, particularly young, untenured scientists, in the age of bio-technology.Their conceptual obedience to the establishment maintained by controlled access to grants, journals, and positions, and rewarded by meeting engagements, personal prizes, consultantships, stocks and co-ownership in companies."

The National Institutes of Health, the National Cancer In·

stitute, the Center for Disease Control, the National Academy of Sciences and the Food and Drug Administration, have all seriously jeopardized their creclibility and motives by their active participation or silence in the face of such an obvious fraud. In view of the fact that it is bard to believe that inclividuals at that level are that stupid (although anything is possible), one must assume that incredible government pressure was brought to bear. The most obvious and usual pressures are funding, perks and the fear of dismissal. Take your choice; incompetence or corruption.

Duesberg is a good example of what can happen to one of the most respected scientists in his field. He is world-renowned, an elected member of the prestigious National Academy of Sciences, and recipient of the

distinguished NIH "Outstanding Investigator Grant" (only 23 in the country). He also discovered the genes which cause cancer (oncogenes), and was recommended for a Nobel Prize. He is an international authority on retroviruses, and a Professor of Molecular Biology at the University of California, 8

Berkeley, CA. It is rumored that hts 5350,000 re earch grant was to be terminated last year. and his appeal is to be judged by a committee that includes Gallo's rrustress, Dr. Flossie Wong Staal; and Dr. Dani Bolognesi, now a wealthy patent holder on HIV tests.

These individuals have the ability to rob us of great talent.

Intimidation has been unrelenting and vicious. Duesberg wrote that he had been "...labeled a bigot for considering (the) daily adminhtration of p ychoactive and immunosuppressive chemicals more likely to be the cause of AIDS than a chronically dormant and almost chemically undetectable retrovirus. The nation's leading AIDS researcher accused me of being an advocate of promiscuity (to paraphrase it politely) for questioning the viral etiology of AIDS." Could it be that our scientists were more interested in fostering Puritan values than in presenting scientific truth? The facts will speak for themselves.

Instead of answering the sea of questions that shook the very foundations of the AIDS hypothesis. the vested establishment insulted thetr opponents, barred debate, and even cancelled a White House meeting, refusing to participate in order to demonstrate the

"insanity" of even questioning HlV and AIDS. Their criminal arrogance is an affront to all of humanity. Initially, Gallo and his co-conspirators could have possibly been exonerated on the basis of ignorance and stupidity. However, to block open scientific discussion, to use political and economic power to silence opposing points of view, and to suppress or ignore basic scientific fact and logic, is irrefutable evidence of their criminal intent.

****

"To be pious while blaspheming another is merely a reflection of one's own character." -REW

•********

Although an impressive cadre of well-known scientists has formed the "Group for the Scientific Reappraisal of the lflV-AIDS

Hypothesis", which was started by Dr. Charles A. Thomas, Jr., a Harvard biologist, it is necessary that there be an outcry from the public demanding an investigation. Several congressman have taken interest in this matter, amongst them are William Dannemycr and Ron Dellums. Send a copy of this book to your 9

senator and congressman. Their names and addresses are available at your local library or through your newspaper.These courageous, honorable and incomJptible scientists have earned, and need, your support!

When you have finished reading the evidence, I am convinced that you will feel relieved in knowing that we are not all doomed to die from AIDS, unless, of course, we all start taking AZT based on Gallo's scam and his fraudulent followers. If you are mv positive, there is one thing you can be sure of: your body bas successfully defended itself against an insignificant virus. So read on, and if you agree with the evidence, 1 ask you to pick up your pen and shout through the mails:

I'VE HAD IT!

I WON'T BE DECEIVED ANThiORE!

INDICT THE PERPETRATORS!

****

The following sections will deal with the hypothetical evidence supporting the "AIDS epidemic"; the facts disproving the etiology and the epidemiology of AIDS, the fact that there is no evidence of the sexual

transmission of AIDS; the proof of what really causes immune deficiencies, and some weJI-founded approaches to treatment and prevention.

Chapter 2

The Supposed Evidence

SUPPORTING THE HYPOTHESIS

THAT IDV CAUSES AIDS

"1 feel that for scientists to remain silent in the face of all this doubt is tantamount to criminal negligence."

Dr. Charles A. Thomas, Jr.,

Harvard Molecular Biologist

Definition of terms:

Fact: that which is proven and known to be true.

Hypothesis: a proposition, mere assumption or guess.

t\OTE: Comments are made with each hypothesis, but are more fuU} developed in other sections of this book.

* FACf: The only evidence used to establish the human Immuno-deficiency virus (HIV) as the cause of the acqmred immunodeficiency syndrome (AIDS)

is based on finding the virus in a small number of AIDS patients.

Comment: The AJDS hypothesis was based on the fact that only 40% of the AIDS cases were confirmed by

the Center for Disease Control to have antibodies 11

to HIV. This is not proof of anything other than the fact that we have been exposed to a virus and arc immune to it. Remember, the presence of flies in garbage does not prove the fljes cause the garbage. HIV is the fust organism, in the past 100

years, to be named as the cause of a disease without meeting the accepted scientific standards of proof (Koch's Postulates), but more of this later.

We have anti-bodies to many microorganisms which we know to exist in 70% to 90% of the AIDS patients. Epstein-Barr virus and *Pneumo-cysris camii* are just two of them. In fact, the *Pneumocystis camii* organisms are present in t:ke lungs of all human beings, including AIDS vic-urns; yet no claim is made that they cause AIDS.

It is possible, but relatively rare for these diseases to become reactivated. This usually occurs onJy when an individual becomes debilitated or imrnunocompromised, and it has never required the assistance of mv before. Not one shred of scientific proof of cause and effect exists in the world's research and medical literature with reference to HIV. There are currently well over 40 theories (more hypotheses!) to explain the HYPOTHESIS of AIDS, but not one single proven

fact.

* Hypothesis: AIDS is a new disease.

Comment: AIDS is not a nev. disease. It ts 25 very old diseases that have been lumped together under a new name. AIDS is described as an immune deficiency which has as its main feature a marked loss of T-cells, a special type of lymphocytes (white blood cells). It is claimed that IIIV is responsible for the destruction of the T-cells. This has never actually been observed. When this supposedly occurs, it is believed that the virus somehow works as a "co-factor" with other risk factors to cause these diseases, and they are then referred to as 12

****

AIDS diseases. The naming of the disease, its cause, and the requirements to qualify as a disease of AIDS, has been by arbitrary definition; not by the scientific proof which is the standard requirement in medicine. Unbelievably, it includes three distinctly different classes of diseases which actually represent totally different phenomena. We are asked to believe that the virus causes degenerative disease (dementia), cellulytic disease, which kills cells (infections); and neoplastic disease, which causes cells to multiply faster (tumors). Nothing like this occurs anywhere else in medicine, and the three processes are actually unrelated. Not only do these diseases represent opposing processes, they *all* differ widely from each other, and most have their own recognized and established causes. There is no evidence that qualifies as scientific proof of cause and effect between the HIV

virus and what is referred to as AIDS. The only evidence that has been presented has historically been referred to as "anecdotal" (coincidental, suspicious, or one or more similar cases) until it is proven otherwise by scientific proof.

****

* Hypothesis: The Human Immunodeficiency Virus causes AIDS.

Comment: HIV was designated as the cause of AIDS by governmental decree in 1984 by Margaret Heckler, head of HHS and a non-scientist, without any scientific proof whatsoever!Dr.Robert Gallo took the credit for this abomination and insult to science and was a partner in the fraud.

* Hypothesis: "There are reservoirs of macrophagcs (white cells) that are actively making viruses." This statement was given to the press as a fact!

Comment: There is not one single repon in the literature that verifies it, despite incredibly effective new techniques for detection (Polymerase Chain Reaction).

****

* Hypothesis: lllV enters the cell and immediately disintegrates it. That is why it can't be seen.

Comment: This has never been observed. But more importantly, it is idiotic and contradictory to their other theories and to established facts about retroviruses.

If this be true, then there is no time for it to multiply and therefore the infection is over before it has begun. If it does multiply to the point where it blows up the cell, then it should be easy to find all these cells that are just packed with viruses!If true, the virus would be committing suicide because it needs the cell to in order to reproduce.

****

* Hypothesic;: The presence of P-24 antigen (core protein of the AIDS virus) is used to indicate the presence of IDV.

Comment: If this were true,then based on the figures claimed.

there would be a million Ytruses in one milliliter of blood and this has never been observed ...ever!

In addition, in all the P-24 sntdies, free virus was never detected and P-24 was present in only 40%

of the cases. Some grave doubts exist about the legitimacy and the calculations of P-24 which isn't even exclusive to mv.

* II}pothesis: P-24 Antigen is produced at a higher level in AIDS than in HN disease [asymptomaticcaniers].

Comment: Absolutely untrue. Every study bas shown that AIDS cases occur without P-24 antigen and P-24 antigen occurs where there *is* no AIDS.

****

* Hypothesis: HIV disease (asymptomatic) will become AIDS

(symptomatic) in from 2 to 30 years (this is called the latent period). It has been "corrected" constantly upward, and a latent period of 45 years has recently been proposed. \Vben they extend it to 75 years (human life expectancy), then it could be said the entire earth's population is dying of AIDS!

Comment: There is not one shred of proof for this claim. It is pure speculation and it would take as many as 30 years to find out. By that time the perpetrators of this fraud will be long gone. Actually, the annual conversion rate of 1.5% corresponds to a latent period of 67 years. This is not only preposterous and without precedent, but totally meaningless until there is scientific evidence that the virus is the cause. Who worries about a disease that might kill you in 67 years?

****

* Hypothesis: HIV *is* deadly, it causes AIDS by killing millions ofT-cells (cytocidal) and eventually kills its victims by destroying their immune defenses.

Comment: This is absolutely contrary to the one special characteristic learned about retroviruses during the past 20 years of intensive research:

Retroviruses do not kill the host cell.

The contradictions are several:

1. IDV is rarely found in T-cells (1 virus per 10,000 to 1,000,000 cells) and when found it is dormant, sleeping, and not even replicating.

2. Retroviruses, unlike almost all other viruses, do not kill the cells they infect. In fact, they do just the opposite: they cause cells to multiply at a faster rate. It would be suicide for a retrovirus to kill the very cell it relies on to survive. Therefore the hypothesis which

states that the"irus disintegrates the cell is in direct contradiction to the facts.

3. Actually, certain lines ofT-cells continue to propagate while infected and if antibody is *not* added to the culture they will produce millions of viruses. *This* obviously cannot occur in AIDS patients, because they have lllV antibodies. They are therefore already immune and the IUV is neutralized.

4. After twenty-one years of intensive research, not one clinically-relevant retrovirus has been discovered, and by scientific standards, HIV is no exception l

********* *******

• Hypothesis: HIV is highly contagious!

Comment: Totally inconsistent with the facts. An unconscionable lie! The statistics prove the opposite.

(see Epidemiology in the next section).

****

* Hypothesis: HIV is the first virus to cause a disease, after inducing very active antiviral immunity, 2 to 65

years later.

Comment: This would indeed be remarkable, but first you have to prove it causes the disease! Also"...there is no proven precedent for the hypothesis that mv causes AIDS only years after the onset of antiviral immunity, and yet remains as inactive as it is in asymptomatic infections" (Duesberg). In

the case of latent viruses such as herpes, when the virus is reactivated by other infections or a debilitated state, the virus is found in sufficient numbers to be called i nfection. This is not the case with HIV -

it has never been found in sufficient numbers to cause disease.

****

* Hypothesis: HIV is not neutralized by the antibodies it causes to be produced.

Comment: There is no factual evidence to support this claim.

It *is* pure fantasy. It is absolutely contradicted by experimental evidence. In the laboratory (in vitro) and in the human (i n vivo), the presence of antibody makes it almost impossible to find the virus, and when you do, it's sleeping! In addition, if antibody *is* introduced into a culture, the virus will not reproduce. Obviously the antibody *is* effective against the virus.

****

* Hypothesis: mv mutation occurs in the interval between infection and AIDS, and therefore escapes antiviral immunity.

Comment: There does not exist even one report of a mutant virus at high titer in AIDS. There has never been a retroviral mutant that escaped existing antiviral immunity (Duesberg). If it did escape, and was killing the victim, the mutant would be everywhere to be seen! It is not.

****

DE'ADL Y DECE'fiON

* Hypothesis: The reason IDV can't be found in fulminating cases of AIDS is because it is hicling.

Comment: Dr. Kary Mullis (Nobel Prize Laureate, 1993) invented the highly sensitive technology for measuring the presence of viruses which is known as polymerase chain reaction (PCR).This technique makes it possible for a scientist to find virus particles that could not be detected before, and literally makes it impossible for viruses to hide. In spite of this, they still can only rarely find this mysterious , unknowable, inexplicable, very slow, incredibly strange, all powerful and singular retrovirus that is going to destroy mankind -

HIV!

* Hypothesis: After infection, HIV becomes latent for many years; then it is activated by "co-factors" and AIDS

appears.

Comment: This does occur with viruses like herpes, infectious mononucleosis, the cytomegalovirus and a few others. When they are activated, they are easily recovered in large numbers. However, this is not true when AIDS occurs, because the virus is almost impossible to find. If mv is supposed to be destroying T-cells, that is where it should be found-but it is not there, it is nowhere. In every infectious disease known, the causative organism is always found in significant numbers to account for the disease, especially in the areas where the disease is occurring. This is the first disease in which a virus, -completely outnumbered by

T-cells, totally inadequate in number, almost nonexistent, inactive, non-replicating, non-cell killing, and which induces immunity,-is supposed to be annihilating the victim.

****

* Hypothesis: HIV is referred to as a "slow" or "lente" virus because it takes an average of eight years for the disease to appear after the individual became infected. Actually, the latent period is now claimed to be as long as 40 or even 65 years.

Comment: "Slow" or "lente" viruses do not exist! It is a another hypothetical invention designed to explain what is obviously nonsense. It bas no basis in fact, no precedent in science, and is contradictory to 20

years of research findings. Retrovtruses can only be replicated by the host cell, and are dependent on the life-cycle of that ceil. Therefore, the virus must replicate within hours or days in order to survive. For over 20 years, an exhaustive investigation of retroviruses reveals that there is no such thing as a ·'slow virus". There is nothing bio-chenucally or genetically different about mv that could account for this. As Dr. Duesberg puts it,

"There are no slow viruses, only slow virologists." Once again, another "hypothesis" appears in order to explain yet another inconsistency. It is always speculation in place of proof. It is universally recognized that certain risk behaviors increase the likelihood of certain diseases to appear: Smoking with lung diseases, diet with cancer, chemicals and radiation with cancer, and now, drugs with AIDS!

****

* Hypothesis: IITV is a ·•mysterious", unorthodox retrovirus.

Comment Only the hypothesis is mysterious. HIV is a conYentional retrovirus, as proven by gene analysis which compares it to all retroviruses, of which we carry approximately 100 in our germ line.

****

* Hypothesis: AIDS is sexually transmitted.

Comment: Nonsense! This is an intentional bald-faced lie!

There is absolutely no evidence to support that statement. Studies indicate that it would take 500

to 1000 unprotected sexual encounters to transmit the virus. However, remember that being HIV-positive means that you are immune to an innocent virus just like dozens of other viruses that humans carry. A study of 80 HIV carriers and their mates revealed that after hundreds of sexual relationships, only 12 of the mates became HIV-positive. None of them have developed AIDS.

The incidence of AIDS correlates very convincingly (95%) with the use of drugs, not with sexual behavior or contacts. The incidence of AIDS indicates that it is very difficult to acquire.

It occurs in very select groups, which is why it gained notice in the first place. It came to prominence primarily amongst gay males, who became highly "visible"when they "came out of the closet"

around 1980. Subsequently, we became aware of the syndrome in drug users and hemophiliacs. A careful examination of the statistics reveal that the 10% of the gay population that got AIDS, were almost exclusively drug users (>95%) and you must include AZT. The most common denomi-nator in AIDS is drugs. (see chapter: AIDS is not transmitted sexually.)

****

* Hypothesis: 50% of individuals that are antibody-positive and practice risk behavior will develop AIDS 8 years after neutralizing antibody was made to the virus.

In 15 years, close to 100% will develop AIDS.

Because of this projection, anybody who is antibody-positive is now referred to as having mv disease.

Comment: What an arrant absurdity! We know for a fact that prolonged use of, or exposure to, any immune suppressive drug, chemical or radiation will cause susceptibility to many diseases. mv isn't even necessary.

Has anyone compared those statistics with the incidence of disease in HlV *negative* drug users over 8 or 15 years? NO!

Has anyone compared those statistics with the incidence of disease in HIV *negative* hemophiliacs over 8 to 15 years? NO!

Has anyone compared those statistics with the incidence of disease in HIV, drug using homosexuals over 8 to 15 years? NO!

Has anyone compared those statistics with HIV, *non-drug-using* homosexuals over a period of 8 to 15 years? NO!

Has anyone compared those statistics with a random sampling of the population who:

1. use drugs and have multiple sex partners?

2. do not use drugs

and have multiple sex partners?

3. use drugs and have no sex

or only one faithful partner?

4. do not use drugs, have no sex

or only one faithful partner?

Has one case, just one, ever been described in the literature in which mv has been present at the time of infection in numbers great enough to cause infection?

The answer is *no* to all of these.

lL is an absolute travesty of the minimum

acceptable scientific methodology

epidemiology and common sense!

****

Until these studies have been done, it is fraud to blame the virus on an epidemiological basis, when no such basis even exists.

It is already a sham on biochemical scientific grounds. All of Gallo's original papers on HIV were found to be fraudulent-the AIDS hypothesis was based on fraud.

For additional proof that the above claims are purely hypothetical nonsense, see the following facts listed under Lbe heading,

"Disproving that HIV causes AIDS' .

****

THE PROJECTIONS *(ESTIMATES)*

OF THE DEVELOPMENT OF

AIDS CITED ARE BEING AIDED

AND ABETTED BY THE USE OF AZT

AS THERAPY WHICH IS FAST

BECOMING THE #1 CAUSE OF AIDS

(SEE CHAPTER 7).

Chapter 3

The Evidence

DISPROVING THAT HIV CAUSES AIDS

"Scientists don't believe, they have evidence...There is no such body of knowledge" (with reference to HN as the cause of AIDS).

Kary Mullis, Nobel Prize Laureate 1993

"...the presence of what they call HN in the disease is no more proof of cause than the presence of flies in garbage proves flies as the cause of garbage. "

T. C. Fry, Author and Publisher

Healthful Living magazine

Definition of terms:(all definitions cited are taken from *Dorland's Illustrated Medical Dictionary)*

fact, that which is proven and known to be true. hypothesis, a proposition, mere assumption or guess. etiology, the study of the causation of any clisease; the sum of knowledge regarding causes.

syndrome, a set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex.

disease, a definite morbid process having a characteristic train of symptoms.

AIDS, acquired immune deficiency syndrome.

DEADLY DECEPTIO:\

ETIOLOGY

*FACT: It is more !.ban twelve years after the "discovery" of AIDS. Yet, not one single reference paper exists in the peer rc\iicw literature or m any literature proving that HIV causes AIDS. In other words, no experimental proof whatsoever has been offered to establish that the retrovirus, which cannot even be found in more than 50% of the individuals with AIDS, has anything at all to do with the phenomenon that came to our attention in 1980. All that bas been offered is far-tess-than-coincidental evidence. The only scientific evidence that exists with reference to HIV causing disease, is that It mduces a mononucleosis-like disease within 2 to 8 weeks after infection, induces immunity and then does nothmg else even in immune suppressed individuaL. With incredibly sensitive techn1ques that have been recently developed, a very minute amount of viral activity can be detected biochemically (which is a million times less than what is necessary to cause disease). Still the virus cannot be detected in more than 50% of the AIDS cases. To propose that so few viruses could be responsible for disease, let alone death, is an absurdity not even worthy of an idiot! It is the ridiculous equivalent of saying; "The presence of flies in garbage proves (that) flies cause the garbage!" This is the caliber of scientistc; supported by our tax dollars!

Let's demand a refund!

**********.

*FACT: tUV (the AIDS virus) does not meet Koch's Postulates which, for over 100 years, has been the standard

"acid teM" of the kind of evidence required to establish the etiologic (cause and effect) relationship of a given microorganism to a given disease. The conditions included are:

(l) the microorganism must be observed

in every case of the disease;

(2) it must be isolated and grown in pure culture; (3) the pure culture must, when inoculated into a susceptible animal, reproduce the disease;

(4) the microorganism must be observed in and recovered from. the experimentally diseased

animal." *(DorlaJZd 's Illustrated Medical Dictionary)*

The first postulate above originally included"...and in the time-course of the disease." (Duesberg), referring to finding the microorganism in the body's secretions and parts that were indicated by the signs and symptoms during the progress of the disease. This appears to have been shortened by simple usage rather than any official proclamation. It is still standard procedure to look, for example,in the lungs for the rnicroorganism(s), when the patient presents with cough, shortness of breath, sputum production, etc.

In the case of AIDS:

1. HIV is not found in every case of the disease, and it is not found in the time-course of the disease.

When it is found, it is in such small numbers it cannot be considered to be clinically significant or relevant. Until Dr. Gallo came along with his scam, it would have been regarded as an artifact or contaminant.

2. HN can be cultured in the laboratory in human lymphocytes, the very cells that HIV is supposed to

"explode". However, it is accomplished with great difficulty by reactivation of dormant proviruses that can be found in only one out of a million lymphocytes. Tb.is will occur only in cultures to which at least ten million cells are added, and which are free of the antibody that would other-25

wise neutralize it and stop the culture (as happens naturally in humans). This can be done with only 40 to 50% of the AIDS cases because in the

remainder you can't even locate one virus. Doesn't sound like a deadly organism to me.

3. AIDS cannot be reproduced even by injecting large concentrations (millions of times more than is usuaJiy needed to cause infection) of pure virus into any laboratory animal, including the chimpanzee which becomes mv-positive like

its human cousins, thus indicating it had been infected by the virus and developed antibodies but no disease. Not one single case of AIDS has occurred. In essence, the third postulate is fulfilled, because the animal gets a mild disease which mostly goes unnoticed; but it is not AIDS BECAUSE MONKEYS DON'T TAKE DRUGS!

This, of course, is exactly what happens in the human, unless you want to believe in Gallo's fairy tales. After aU, A virus that causes nothing, transmits nothing.

Once you have failed to prove that the virus causes AIDS, then anything related to the transmission of the virus could not have any relationship to the contagiousness of AIDS.

****

*FACT: "The cause of AIDS was discovered by government fiat" (Dr. Michael Lange, specialist in infectious diseases). It was not decided by any scientific body or consensus of scientific research when it was originally named in 1984. Not one scientific paper had appeared in our scientific literature. The whole concept of scientific proof by consensus opinion is as valid as believing that elections give us the best candidate.

****

* FACT: AIDS is a syndrome, not a disease. It is actually an ever-expanding collection of25separate diseases, some of which date back thousands of years. They have, of course, existed very much longer. Although the *Merck*

Manual also lists diseases such as malignancies, nephrotic syndrome, leukemia, etc., they, too, are probably caused indirectly by immune suppression when these conditions further the process by their interfer-ence with normal functioning. In over 400 years there has never been any evidence that this long list of very diverse diseases could have a single microorganism as their cause.

****

* FACT: In cases of full blown AIDS, even in those just hours from death, the virus is extremely difficult to find; and in SO % of those cases it cannot be found at aU.

****

*FACT: Whenever found, even in active cases of AIDS, mv is dormant, inactive, sleeping!Let's examine the previous FACT, and this one a little more closely. We are asked to believe, without any proof whatsoever, that HIV can do something that no other microbe bas ever done. We are asked to believe on circumstantial evidence, faith or speculation, just as one might accept a new religion, that this mighty virus can destroy a human being and not even be present! Or, that it can do incredible damage, demolish vast territories of human tissue and conquer our organ kingdoms while it sleeps at home on the couch. \Ve examine the destruction or disappearance of billions of cells and are asked to blame it on a phantom (A very logical and proven explanation is given in the chapter, "Then, What Causes AIDS?).

****

* FACT: AIDS is the f1rst disease in medical history which claims that the disease occurs after the victim has developed immunity and when the causauve organism ts either not present at all, or is present in insufficient numbers to cause disease.

****¥**********

• FACT: T-lymphocytes (our white blood defensive cells) re-generate *500* times faster than lt takes IIIV to "infect"

and "destroy" them. This simply means that it is im-posc;ible for illV to ever win the battle. "It's like saying you are going to conquer China by shooting 3

soldiers a day" (Duesberg). ...while their army increases by 1500 troops daily (My addition).

******** ****••••

*FACT: Twenty years of intensive research on retroviruses has consistently confrrmed that they do not kiU cells, but rather they cause cells to multiply faster, which was the prime reason they were under such thorough investigation in Nixon's "war on cancer". Therefore it *is* ludicrous to hypothecate that it could cause diametrically opposite diseases, which in one case destroys cells (pneumocystis pneumonia), and in another case causes cell proliferation (Kaposi's sarcoma)!

****

* FACT: illV relics on cell division in order to replicate, therefore dementia cannot be explained on the basis ofllllV, because neurons (brain tissue) do not divide. The only things they found in the brains of autopsied AIDS

vtctims were spirochetes (syphilis) and parasites-no HIV. (I studied that in school 35 years ago when mv hadn't been invented!)

****

• FACT: mv is not prolific, and like *all* other retroviruses it is minimally active. Cultivating it in the laboratory is a difficult, long and extensive process.

****

• FACT: Retroviruses have probably been more thoroughly studied than any microorganism in history and the knowledge that has been gathered is vast and comprehensive.

There is nothing in all that thoroughly-exhaustive information that supports any of the hypotheses put forward on AIDS.

****

*FACT: HIV can only be grown and replicated in the absence of antibody and in the very same lymphocytes it is supposed to be destroying.If antibody is present in the culture, as it is in humans, then HIV cannot be replicated at all.

****

*FACT: HIV has never been "caught in the act" of destroying lymphocytes by "blowing them up so fast they can't be seen". If you calculate the amount of P-24 antigen usually reported, and reconstruct the virus, there would have to be a million viruses per milliliter of blood.

Surely, if you looked under the microscope, they would have to be everywhere and you would have to see just one of them before it "exploded"!

****

* FACT: Infected T-lymphocytes are easily observed in culture.

They continue to divide, are not destroyed and the cells aren't "blowing up".

****

* FACT: AIDS supposedly occurs after antiviral immunity, as many as sixty-five years after infection, yet mv is isogen ic (the same genetically) wit h a ll ot her retroviruses and does not possess a special latent, AIDS-specific gene. In other words, there is no genetic evidence to support any of the claims being made.

****

* FACT: In the United States, Europe, and Asia, AIDS is comprised of twenty-five diseases. In Zaire and most of Africa, AIDS has three symptoms, i.e. fever, wasting and diarrhea. This is impossible, if lhey are supposed to be caused by one or two similar viruses. All other known viral diseases (measles, mumps, chicken pox etc.) are t he same in *all* countries. Every physician knows that there are two rampant problems that exist in Zaire which are characterized by those three sym ptoms, i.e. starvation and parasitic disease.

Dr.Anthony Fauci, the Director of the National Institute of Allergies and Infectious Diseases, a cohort and supporter of Gallo, published a paper in 1985, in which he stated that the world's number one cause ofT-cell depletion was malnutrition.Fauci also knows that malnutrition is the number one cause of i mmune deficiency diseases. Fauci must be suffering from memory deficiency caused by those well-known corrupting organisms -power and money!

****

* FACT: mv appears (according to official explanation) to adopt a country-specific pathology that changes according to the nation to which it travels. It's a very "intelligent virus"

they say. Amazing for a virus, one billionth the size of a cell, that can't even move on its own and is actually a dead piece of tissue! Incredible for a micro- organism that hasn't enough genetic coding to run anything more complex than an electronic watch (Duesberg). Yet it can tell if you're gay or straight, male or female, white or black, whether you're from

Zaire, Haiti, or the United States, whether you were born in the United States or just visiting with a green card. It ought to be hired by the inunigration service!

Due berg points out that the DNA of the virus bas only 9 kiloba es of information stored within it, literally a minute fraction of the information needed to be that intelJigent.

****

*FACT: In 1989, The *New England Journal of Medicine* reported that transfusion recipients who were mv positive had a lower death rate than those who were HIV negative. They also concluded that the death rates were determined by the number of transfusions and other factors. Therefore, lllV obviously isn't the cause.

****

* FACT: Transfusions of JllV-infectcd blood was reduced ten-fold in 1986 (after the mv test became available in 1985). The latent period (the time between the infection and the development or appearance of the disease) of AIDS in children is said to be two years. This should have virtually eliminated the incidence of AIDS in transfused children. However, the incidence of AIDS

in those children tripled! Please don't mind if I repeat that one:

In spite of the fact that there was *no vims* in the blood, AIDS increased by 300%!

The incontrovertible and indisputable conclusion: mv docs not cause AIDS, it i n't even necessary for AIDS -but repeated transfusions with

immunosuppressives in Factor VTII do.

(See the section on Hemophilia)

****

DEADLY DECEPTJON

*FACT: Although claimed. it is virtually impossible that two

\iruses (1-ITV-1 and HIV-2) that are 60% genetically d1fferent, could cause the same syndrome.

****

*FACT: HIV activity is just as low (very, very low) in asymptomatic (IDV-positive) carriers as it is in symptomatic carriers (AIDS). This is absolutely unheard of in any other disease known to rnedicme.

****

*FACT: No one virus, or even two, could likely cause over twenty-five diverse diseases. If the basic concept is that HIV destroys the immune system's defense of the body, for which there is no proof at all, then you can expect that hundreds of diseases will eventually be added to the list. In that way, the "epidemic" can be increased as needed in order to stay in the limelight, stir up more fear and hysteria, and up the profits.

****

*FACT: No virus could take so many years to cause a primary disease. None are known! This is not at all characteristic of a retrovirus. The longer the conspirators extend the latent period, the less llkely the scam will be discovered and their chances of having to pay for their crimes. Why not say that everybody eventually dies from the chicken pox? That it is mysterious in the way it does it? That it can take from 2 to 65 years? Go ahead, prove me wrong!

********** **

*FACT: HIV violates all conditions of classical viral pathology, *if* you believe any of the 41 or more hypotheses (there is no scientific evidence for any of them).

****

32

*FACT: It is pure paradox that a virus, which cannot replicate itself, would kill the host ceJJ upon which it depends for replication in order to increase and spread. In fact, it is impossible. Under these circumstances an epidemic would be over before it started. Besides, while it is supposedly killing one cell, 500 more healthy cells would have been created to take its place.

****

* FACT: Retroviruses are entirely composed of genetic material and have no characteristics of life of there own. They are incapable of any acts whatsoever. They are dead pieces of tissue.

****

* FACT: Viral disease symptoms, in reality, represent the response of the body acting in its own defense and repair in the presence of fore1gn or toxic materials. Its response to other living organisms, when the usual balance of co-existence is upset, is commonly referred to as infection. The outcome of this disruption is determined by the relative strengths or weaknesses of either side in the conflict.

****

* FACT: It is unlikely that a single virus can cause both cell-proliferative (growth and multiplication) diseases as in Kaposi's sarcoma, and cell-destructive disease as in pneumocystis pneumonia. Theses are two completely opposite disease processes!

****

* FACT: It would be rational to conclude that an already immune-compromised individual could succumb to a virus infection. Howe\'er, in the case of HIV, there isn't one iota of evidence that HIV causes anything except, 33

****

possibly, a mild "flu' .This is true of all retroviruses and proven by 20 years of intensive research.

*FACT: The photographs displayed by Dr. Robert Gallo purported to be mv "invadmg" (bu t not destroying) a cell, were actually photos of phagocytosis, which is exactly the opposite (the process by which the cell engulfs the virus).

**** ******* ****

• FACT: Dr. Gallo also discovered HTLV and claimed, but failed to gain acceptance, that it caused human leukemia. He likewise claimed that it"as sexually transmitted and had a latent period of 40 years, but of course, no one has gotten it) el because lhe victims would have to reach an average age of 60 before they came down with it. By that time Dr. Gallo and his theories will long be forgotten, but his reputation may live in infamy! That theory was rejected. His current theory is just as fallacious; why was it accepted when there is no hard evidence to support it?

**********•***

*FACT: Dr. Gallo also reported that AIDS c.tme from Haiti, in spite of the fact that HIV antibodie.<. \\Crc discovered in frolen blood samples in the United States SO

years ago (His report st1rred a \\ave of anti-Haitian reaction ·in the U.S.). Dr. Gallo, where \\as the epidemic SO years ago? Do you suppose your "very intelligent and mysterious vtru ··

\\ ho determined, after a thorough un·ey, that the time wasn't advantageous to your bank account?

****

* FACT: Retroviruses have been thought to cause many diseases in the past, but extensive, honest research has proven all of them basically harmless. HIV is supposedly the first to have contradicted this research, not by any scientific investigation or proof, but by unfounded, uncontrolled, wild and unscientifically-based hypotheses!

****

*FACT: Everyone now agrees, even the supporters ofHIV, that it doesn't cause AIDS by itself. This is a tacit admission that the discovery of the "cause of AIDS" was unfounded in the fust place and could not have been based on sound research. Of course, they still cling to the idea that HIV plays the major role (yes, indeed, it's making billions).

****

* FACT: Dr. Robert Gallo was investigated for stealing the virus from Dr. Luc Montagnier of the Pasteur Institute in Paris. He has been found guilty of "scientific misconduct". He has not yet been investigated for fraud because his co-conspirators would be the ones who would judge him. That is very unlikely. It will probably take a congressional investigation; and it is desperately needed.

****

*FACT: Two AIDS researchers in Europe have already been found guilty of fraud; and considering the scope of the fraud, thousands of less-than-honest scientists should be indicted. Actually, when I think about it, this does represent a situation in which garbage attracted flies and those flies created the garbage!

****

Chapter 4

Epidemiology

AIDS IS NOT CONTAGIOUS

-ITDOESNOTSPREAD

AIDS is not epidemic, it is *endemic.*

'The effect of the CDC's (Centers for Disease Control, USA) statistical trickery is to underreport N-drug users as an AIDS

group by at least 50%; the effect is to construe AIDS as a venereal disease, rather than a drug induced condition."

John Lauritsen and Hank Wilson,

Authors *Death Rush,* Pagan Press

Definitions:

epidemic, 1. prevalent and spreading rapidly among many people in a community, as a disease. 2. a temporary prevalence of a disease.

endemic, 1. present in a community at all times, but usually occurring in only small numbers of cases.

• FACT: AIDS is not contagious! A study led by Dr. Gerald Friedland of the Momefiore Medical Center in New York City, and which was published in the much respected *New England Journal of Medicine* on February 37

DEADLY DECEPTION

5, 1986, stated that the common use of eating utensils, bedsheets, towels, toilets, toothbrushes, etc., as well as kissing and bugging do not transmit

AIDS. Of course not! Immune deficiencies are not transferable. The research also revealed that individuals dying of AIDS

were mostly homosexual drug users. Homosexuality, by the way, actually has nothing to do with it! Be patient, I'11 explain.

****

* FACT: The creation of a syndrome and the discovery of new cases, in the absence of proof of cause and effect, does not constitute scientific evidence of etiology, contagion or spread. Traditiona.lly in medicine a syndrome is:

A set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex *(Dorland's 11/ustrated Medical Dictionary*

The word disease does not appear in the definition, and therefore AIDS should not be referred to as such.

****

* FACT: Standard basic epidemiological studies have not been done. This is unheard of, unbelievable and ludicrous in light of the disastrous nature of this so-called "epidemic". The Department of Health and Human Services is guilty of gross negligence, malfeasance and conceivably may be involved in a conspiracy to de-fraud, resulting in manslaughter. The extremely deficient epidemiological correlation between HIV and AIDS formed the primary basis for the AIDS hypothesis. This correlation had as its cornerstone the presence of antibody in 40% of all AIDS cases and in only 7% of the cases in New York City and in San Francisco. The hypothesis was also based on the occurrence of AIDS in 1% to 2% of hemophiliacs annually (see the discussion on hemophiliacs).

All of the statistics, reports and plain old common sense indicate that HIV is nothing more than one of the secondary diseases that may occur when there is already an immune deficiency. Yes, this is truly a situation in which a bunch of files are creating garbage.

It is incredulous, that with this very questionable evidence, where **60 to** 93% (according to various studies) of the victims showed **no** confirmation of mv, that the virus could be designated as the cause of AIDS. This is not just sloppy science, it is fraud! In any other circumstance such as this, in the past 100 years, it would have been looked upon as interesting, suspicious and anecdotal. It **would never have been accepted as proofl** This could only have come about through a calculated conspiracy in which those involved knowingly perpetrated this criminal conspiracy.

As for the rest, it simply highlights the low quality of competency and/or ethics in science.

****

***FACT:** No studies have been done comparing the number of cases in equal periods, prior to and after the onset of the "epidemic", of the 25 diseases included in the AIDS syndrome. A comparison should also be made between HIV-positive and HIV-negative individuals in all of the 25 diseases. There isn't even a published report of the number of individuals who have bad the 25 diseases, but who are HIV-negative.

****

ANNUAL CONVERSION RATES

***FACT:** The World Health Organization as well as other highly regarded agencies of major governments, have been issuing a statistical report giving the "annual conversion rate" of HIV to AIDS. This report lists each country in which AIDS is being studied. It tabulates the number of individuals who have tested positive that 39

****

****

DEADLY DECEPTION

convert to (develop) AIDS each year. It is expressed as a percentage and consequently represents the risk of an HJV-positive individual developing AIDS each year.

You will find the next set of facts unbelievable, confusing and illogical. You will undoubtedly say to yourself, "How could thls be?" or "Something must be wrong!' , and you will be right!

If, however, you eliminate the AlDS hypothesis and substitute as the cause of AIDS that which has been proven and known for at least 70 years, it all becomes clear and logcal. Read on!

*FACT: The annual conversion rate ofHlV-positive to AIDS in the United States is 1 to 1.5%, but varies from 0% to 25%, depending solely on risk groups (drug users and hemophiliacs are predominant). At this rotc it would take 75 to 100 years to kill the current batch of individuals that are mv-positive.

Where's the epidemic?

****

*FACT: In Zaire, where in excess of three nullion people are HIV-positive, less than 350 cases of AIDS were reported as of 1988. That's only .01% or a .004% conversion rate per year. At this rate it \\ill take 25,000

years to kill the HIV-positi-.es! That means it's 150

times safer to live in Zaire if you are HIV-positive!

\Vhere's the epidemic?

****

• FACT: In Haiti, 360,000 people are lllV-positive and 912

have AIDS. Their conversion rate is 0.1%, and it will take 1,000 years to kill them. That means it's 10 to 15

times safer to live in Haiti if you are HIV-positive!

Where's the epidemic?

****

* FACT: If the "epidemic" really frightens you, or if you are HJV-positive, you would have at least a 150 times better chance of surviving if you -move to Zaire!

****

WHERE'S THE EPIDEMIC?

*FACT: ll is impossible for a statistician to say that the actual numbers support the definition of an epidemic. However, if some still insist that it is, let them consider that: The 1919 flu epidemic killed many millions in one year;

Automobile accidents kill over 60,000 each year.

Iatrogenic disease kills 120,00 each year.

-Iatrogenic disease? Oh, that's disease caused by doctors!

Cancer kills more than 450,000 each year; heart disease kills over 750,000 each year;

AIDS has killed less than 100,000 in the ftrst 10

years (approximately 10,000 per year).

I am sure the same 25 diseases have killed at least that number each decade in the past.

\"here's the epidemic?

****

41

DEADLY DECEPTION

*FACT: Isn't it amazing that not one of the thousands of unvaccinated scientists that have been growing this virus for over eight years, in concentrations a million times more than is found in patients, has developed AIDS? In the past, virtually every disease organism cultured and investigated in the laboratory has resulted in a proportionately larger number of cases of the corresponding disease amongst the laboratory scientists.

****

*FACT: It is equally amazing that the number ofHN-positive individuals has remained constant between one to one and a half million since the "epidemic" began.

****

* FACT: It is astonishing and amazing that out of over 2,000

recorded needle sticks amongst health workers, only 20 became HIV-positive, and not one case of AIDS has yet to occur-and this is with direct inoculation! If one dies, look for evidence of drug use, particularly drug therapy with AZT (the drug used to treat AIDS).

****

*FACT: From 1985 to 1992 there were 12,000 deaths each year from AIDS. In 1992 the number increased suddenly to 15,000. Why? Because they added 5

new diseases to the AIDS definition! The actual number of cases of AIDS was on the decline until they added more diseases to the list, and still the number of new cases grew very slowly.

They had better add some new diseases soon!

Where's the epidemic?

Give them time, they're creating it!

****

42

NOTE:

THE PROJECTIONS FOR

THE NUMBER OF AIDS VICTIMS

MADE 10 YEARS AGO

FOR WHAT WOULD EXIST TODAY

WAS 9o/o CORRECT

OR 91o/o WRONG!

43

DEADLY DECEPTION

44

Chapter 5

AIDS is Not

Transmitted Sexually

"The fact is, this whole heterosexual AIDS thing is a hoax."

Gordon Stewart, British Epidemiologist

World Health Organization

THE IMPOSSffiLE SCHEME

The claims for the sexual transmission of AIDS have gained the most notoriety and have caused the greatest concern for the world.

However, they have probably bad very little effect on sexual behavior except for encouraging and increasing the use of condoms.

The use of condoms amongst those whose life-style includes multiple sexual contacts, bas been beneficial in curtailing the sexually transmitted diseases such as "nonspecific urethritis, trichomoniasis, chlamydial infections, genital candidiasis, genital and anorectal herpes and warts, scabies, *pediculosis pubis,* and *molluscum contagiosum* ... (and the five historically defined venereal diseases) - syphilis, gonorrhea, chancroid, *lymphogranuloma venereum* and *granuloma inguinale." (Merck Manual,* 15th edition, 1987). However, it will not have any effect on the "spread"

of AIDS. This will become obvious from the evidence presented.

The claims made with reference to AIDS being contagious and spreading are not valid, inconsistent with the facts, without 45

proof, prejudicial and intentionally distorted. Therefore, this subject will be discussed, reviewed and analyzed from several aspects in order to arrive at a rational, verifiable and truthful conclusion. The factual evidence supporting the sexual transmission of AIDS is non-existent. What evidence there is in the literature, would normally lead any knowledgeable, unbiased scientific investigator to the inevitable conclusion that: IflV is extremely difficult to transmit sexuaJiy, and under those conditions, an epidemic would be impossible! But it doesn't make any difference because:

IflV does not cause AIDS

Therefore, AIDS does not spread!

****

WHERE'S THE VIRUS?

* FACT: A study by Dr. Robert Gallo himself, the usurper of the AIDS virus from France, and retrovirologist with the National Cancer Institute, claimed he found HlV in the semen of just two AIDS patients, but neglected to state how many patients' semen he had to search through in order to find those two. He didn't even document how many viruses he found per million sperm. This lack of information doesn't meet the standards of a scientific paper, and in fact, bespeaks of a rank amateur or a fraud. It is incredible that this kind of garbage was given any attention at all. In fact, a review of the literature is remarkable for the absence of supporting pertinent data, which is usually mandated in most scientific research articles. If Dr. Gallo had found any other organism in the sperm of an AIDS sufferer, would he have pronounced it the cause of the disease?

Not on your life!Those tests are either unpatentable or already owned by someone else.

****

-t6

****

• FACT: In one study, only 4 out of 25 HIV positive men bad HIV in their semen. *(Feniliry and Sterility,* a scientific journal). This is hardly convincing evidence that there is anything other than the possibility that it may be a

"marker" rather than the cause. In other words, the presence of the virus, which they call HIV, could indicate that someone who is already immune deficient could be vulnerable to it and therefore succumb to infection. However, because HIV is so harmless, even someone with immune deficiency can form antibodies to defeat it.

** **********

*FACT: Other studies have shown the presence of the virus in the semen to be as little as 8% and as high as 30%.This is nor acceptable as ev1dence of cause and effect from a scientific point of view. It is not impressive at all, especially since it bas never been proven that the virus causes AIDS. In the study which indicated the incidence of 30%, there was only one virus per million sperm, which is absolutely not sufficient to spread an infection (Extracted from an interview by Celia Farber with Dr. Robert Root-Bernstein, Professor of Physiology, Michigan State University, and presented in her outstanding article "Fatal Distraction", *SPIN* maga-zme, June 1992).

• FACT: The NIH lied, when they clcumed that in one study, reported in the *Journal of Acquired Immune Deficiency Syndromes* in 1992, that *HN* was found in the semen in all of the 28 subjects studied. What they found were antibodies, not viruses, and antibodies do not infect! The virus was found in only 7, again, in numbers too small to cause infection. Our taxes reward li=trs or total incompetents.

******* *********

*FACT: There are no studies published, reported or rumored that have demonstrated the virus in the semen in quantities large enough to be infectious!Incredibly, most studies im•olved less than 30 patients (Computer search, September 1992).

****

*FACT: The *Joumal of Infectious Diseases* (September 1991) reported a study of 50 semen specimens taken from only 21asymptomatic or minimally symptomatic HIV

anti-body positive men. Although HIV was isolated from 15 (30%) of the specimens, there is no indication of how many patients that represented because, obviously, one must assume that more than one specimen was obtained from each patient. The average number of specimens taken was 2.4 per patient. This could indicate that as little as one, or as many as 3, 4 or more could have come from each patient. This kind of reporting is sloppy, misleading, and not atypical of the entire AIDS fraud and the caliber of research relied upon. Tn addition, while there were 3 specimens from 3 patients with AIDS, only 1 out of the 3 (33%) was HIV positive.It is interesting that the incident presence of lllV was the same in both asymptomatic and AIDS

patients. Statistically this renders the study as totally meaningless in support of t he AIDS hypothesis. This report actually indicates that mv is a coincidental worthless frnding. This is unheard of in the history of dJsease! Certainly, one would expect that the active disease would demand an increase in the presence of greater numbers of the virus. It mdicatcs total dishonesty and an insult to the imelligencc of scientists, except for those growing numbers who arc challenging this felonious tragedy.

****

* FACT: All sexually transmitted dio;eases spread indiscriminately and rapidly (except AIDS), and the organisms 48

are found in the semen abundantly. (Deusberg-and every medical text I've ever read -REW)

****

Isn't it strange and amazing that a virus can be accused of doing so much, and not e\·en be where it's needed

-at the scene of the crime?

****

It boggles the mind that, as we near the twenty-fU"St century, a handful of dishonest scientists can knowingly concoct an incredulous story, without even a minimum of scientific proof, and have it beljeved.

It challenges one·s sanity that they can invent more than forty preposterous speculaLions, all prefaced by "we believe", and un-supported by even one scientific study, and have them believed.

Then...

It all becomes clear...a lie involving uncommon technical information...prompted by money and power... told in reference to a sensational and frightening phenomenon...abetted by unscrupulous politicians...reported by an unfamiliar and uninformed press corps... printed and disseminated by newspapers and periodicals owned 01 influenced by advertising dollars from the pharmaceutical industry (oil and chemicals)...the truth censored (rejected from publication by the same forces)...and)'es...it all becomes clear!

"Ei-•en if tlzwhole l'>-Orld believed a lie, it could not make it the truth. It does howew!r speak to the cunning of the liar and rite innocence, ignorance or greed of the believer."- REW

****

MR. IUV, YOUR TRANSMISSION IS BROKEN!

*FACT: In 1984, four women who received infected donor semen developed mv antibody, however, none have 49

****

de,·eloped AIDS or transmitted the \'irus to their husbands (reported from Germany). Even though it invotves a small number, th1s study is exceptionally important because it is very close to representing a direct injection of the virus. It highlights the great difficulty involved in transmitting the virus, and why, even if the virus caused a mild "flu", it would be impossible for it to cause an epidemic. More importan tly, in this st udy, neither the women or their husbands developed AIDS - and they won't - unless they are given AZT or start taking other drugs!

****

* FACI': A study was done of 80 HIV antibody-positive, mar-ried men whose wives were tested after having had everaJ

The results showed that only 12 of the spouses became HJV-positive. No cases of AIDS were reported *(Journal of the American Medical Association,* January 1, 1988). How many of these used drugs? I guess the review committee let this one slip by. It appears that the question is being avoided *in* spite of the fact that drug use is believed to be a significant co-factor. It *is* interesting that they didn't comment that the study was strong evidence that the virus was not what it's cracked up to be, and that sexual transmission is a very inefficient way of spreading this innocent virus.

*FACT: "Several studies have calculated that it takes from 500

to 1000 acts of unprotected sexual encounters before an HIV-negative partner seroconverts to HIV-positive (Farber). Strong evidence of coincidence, but not of the Lransmission necessary for an epidemic. No mention was made of AIDS.

****

****

*FACT: AIDS is not spreading among female prostitutes (a group at incredible sexual ri k),

not use condoms. It wouldn't make any difference, because the virus has rarely been demonstrated in semen and there are no reports of it appearing in sufficient numbers to cause an mfection.

****

*FACT: AIDS in females, is common only amongst those prostitutes *who use drugs.*

****

• FACT: In a period of over 10 years, there bas been only 11

"documented cases"of female-to-male transmission in 30,943 men with AIDS (Celia Farber).That's only I in 3,000 -it's less dangerous than driving a car! Has an}one given up the fanuly car? Tbis virus should also be arrested for sexual discrimination! Was it transmitted, or d1d the mates take drugs also?

****

*FACT: The testing of 4,097 pregnant women in London yielded only 1HIV-positive who was not of a high-risk group (drug-users, etc.) *(Lancet).* No AIDS was reported.

• FACT: From 1981 to 1988 there were only 1,649 sex-linked.

but not proven. AIDS case!> out of more than 125

million women in the United States (Center for Disease Control). This repre ents

.000001 3% and would even be smaller if corrected for the antibody-negative women who might ordinarily have developed any one of the same

25 diseases over the same period of time. As Dr. Gallo has claimed, 51

DEADLY DECEPTION

HIV must be a very intelligent virus. It apparently can differentiate between the sexes. either likes women and doesn't want to hurt them or doesn't like women and wants nothing to do with them. Perhaps it's intimidated by the feminists!

CAUSES, CO-FACTORS OR CONFUSION?

*FACT: A research team led by Dr. GeraJd Friedland of the Montefiore Medical Center in New York City, reported that individuals dying from AIDS were mostly homosexuals who were *I.V. drug tJSers (New England Journal of Medicine,* February 6, 1986). Is it homosexual sex, the drug abuse or both? This is the key question! The answer is obvious and would be known if honesty was the policy of the medical establishment, the Centers for Disease Control and the rest of the governmental agencies involved in this scam.

AIDS by all reports can almost exclusively be found in a subset of the homosexual population - the drug users. The statistics clearly point to drugs, rather than sex, as the cause. After all, the incidence of AIDS in non-homosexual drug users is notoriously high. Health problems caused by abuse cannot be transmitted sexually. Besides, when was the last time you heard of alcoholism and the liver and brain damage it causes, being transmitted by sex? People with similar habits, stay together, live together and die together!

****

*FACT: ll was announced by Dr. Scou Holmberg at the Center for Disease Control, that mdividuals with *Herpes genitalis* were two to three times more likely to become lllV-positive. Many individuals with herpes were treated with Acyclovir, which is a strong immunosuppressive drug, undoubtedly would render an individual more likely to develop other viral infections, especially one as weak as mv.Herpes seemed [0 disappear like every other "epidemic" usually does. Of course, no 52

AIDS was reported, but give it time, I'm sure they put these poor *souls* on AZT! They will then assuredly die of AIDS.

****

***FACT:** Indeed, the unfounded indictment of the local immune properties of spermatic fluid as a contributing factor to the overall immune suppression in male homosexuals when deposited in the rectum during anal intercourse, is no more than another illogical and unproven hypothetical fantasy.The immune properties of sperm logically protects the sperm from antagonistic reactions, and plays a role in protecting the union of the sperm with an ovum. Research during the past four decades indicates that between 10 and 15% of the heterosexual population in the U.S. engages in anal intercourse (Masters and Johnson).If sperm in the rectum is a "co-factor" in AIDS, where is the epidemic in that group?

Any conjecture about female resistance is pure speculation with no scientific evidence.

****

* **FACT:** Celia Farber, noted writer and investigator on AIDS, in her classic article "Fatal Distraction" *(SPIN,* June 1992) wrote that the media uses singular examples of unproven heterosexual transmission, instances designed to "...favor the dramatic, terror ridden, Russian rou-lette model" using cases "in which people swear they've gotten AIDS from a single sexual act" (this is typical of the idiotic "scientific" supporting evidenJal nonsense that is quoted). She then points to the episode of Alison Gertz, who claimed that she got AIDS from a man she slept with on one occasion. (Alison made the statement and without proof or evidence it is accepted as true -she must have felt the virus enter her vagina.) "Suddenly, the media were maJcing a tremendous deal out of what is in reality a very rare example, while insisting that cases like *it* were the wave of the 53

future." A vitally important fact to remember, is that when you hear or read of one case (out of the millions who are supposedly HIV-positive) who

claimed they had gotten AIDS from a man they slept with once, that is less than circumstantial evidence of transmission.

It is illogical, arbitrary, deceptive and irresponsible on the part of the press to sensationalize the one unproven exception, when there are thousands of cases which do not support that example.

Why? Because:

1. The person could be a drug-user and obviously not wish to confess it.

2. The individual could have developed any one of the 25 diseases under the AIDS umbreUa just as other millions have for centuries before.

3. Immune deficiencies can occur from hundreds of causes *(MerckManllll,* the physician's "bible"; the long list includes radiation, chemotherapy, steroids, antibiotics, genetic problems, drugs, and many other medications, transfusions, etc.).

4. Hasty conclusions, based on one case or one hundred cases of what could be coincidental or due to so many other causes, in the absence of scientific proof, does not prove anything. We only have to look at recent medical-political history to realize the cost in human llfe and money when we are panicked into leaping before we look. The Salk vaccine which caused many deaths and was quickly withdrawn (Salk is still looked upon as a hero!), and the "swine flu" fiasco, are but just two examples.

5. lalrogenic! -The physician causes AIDS to develop by placing the individual on AZT simply because they were HlV positive!

****

54

*FACT: In *The Great AIDS Hoax,* author T. C. Fry points out that of the 3,246 non-homosexual cases diagnosed as AIDS;

A. 64% or 2,082 were confirmed

intravenous drug users

(what about non-I.V. drug users?)

B. 2% or 75 were hemophiliacs

C. 5% or 184 bad blood transfusions

D. 24% were diagnosed without etiology

(cause) being determined.

E. 3% or 120 were said to have contact (of which sex may have been a part)

with others diagnosed as having AIDS

F. 96- 100% of gay men with AIDS

used amyl nitrite inhalants ("poppers") heavily.*

* This statistic comes from many studies cited in major scientific journals, soI have added it to Fry's list. Between "poppers" and AZT, neither of which were even mentioned. You have two proven causes of immune deficiency. They

certainly could account for the 24% reported as diagnosed "with- out etiology".

QUIZ: Considering the percentages, \\ hicb of the above, would a rational person say, is the most likely cause of AIDS?

A, B, C, D, E or F ?

What I'm getting at here is that there are many causes of AIDS and that the virus would be the least likely candidate, even as a co-factor. John Lauritsen and Hank Wilson in their well-researched book *Poppers and AIDS* (Pagan Press, 1986), convincingly build a strong case incriminating nitrites as a cause of AIDS. But they also muddied the waters by passing on the same old hysterical, misleading information by insening the unfounded "safe sex"

recommendation without presenting the same excellent scientific basis for their admonition that they presented on behalf of nitrites as cause of AIDS. This is their misleading suggestion: 55

DEADLY DECEPTIO

"In light of what is known now, gay men should continue to follow 'safe sex' guidelines. In conservative terms, this would mean either practtcing celibacy or limitmg sex to simple body contact and mutual masturbation. The sunple rule for safe sex is:

'On me, not in me'."-Give me a break!

What was *known* then, and what is *known* now, is that sex is not only the least likely way that someone can get AIDS.It is not even possible! *What is being reported is the DEADT..Y DECEPTION.*

Certainly, safe sex should be practiced to prevent venereal diseases (and pregnancy in women), but it won't prevent AIDS.

So much for the absurdity about contagion and sex as the cause or transmission of AIDS.

Let's look further:

\VHY PICK ON SEX?

"Sex, the procreator of life and unequalled joy, is perennially the tyrant's ultimate weapon to subdue, coerce, threaten, instill fear and control." - REW

The answer to a question is often best understood when you examine the event and the results it achieves. Let us examine the effects of the "AIDS epidemic".

A. Most, if not all of the retrovirologists involved are now multi-millionaires.

B. Gallo, who is now wealthy, has also hecome famous and powerful. lie bas finally gained the recognition he had tried so bard to attain, but which he had failed to achieve for so many years through other bogus sctentdic claims that were rejected in the past.

C. The Government got "off the hook" and pressure was relieved when the announcement was made that the cause of AIDS bad been dtscovered.

D. The departments of government inYolved with AIDS gained more money and pO\'-·er.

E. Pharmaceutical companies (panicularly Burroughs-Welcome, the manufacturer of AZT), research laboratories, medical supply companies, condom and rubber (or plastic) glove manufacturers and countless more, have profited immensely from this megabillion dollar fraud. John Q.

Public is paying for it all, on a disea e whose cause is misrepresented, and inpursuit of a vaccine nnd drug therapy to treat a virus that hasn't done anything!

F. Over 16,000 AIDS organizations have been established.

Though I am sure most have good intentions, vested interests arc formed, jobs are created and a power base is formed.

"When AIDS was taken on by the media and by AIDS

organizations, it was endowed instantly v.ith a set of political, social, and moral implications, and an extraordinary righteousness set in. a fervor so sure of itself that it refused to tolerate any questions" (Farber}.

G. It has placed a "pall of fear" on pre-marital sex and on variety in sexual expression.

H. It has given the fundamentalists in religion the opport unity to usc it as an example of God's wroth and punishment on fornicators and sodomists (primarily male homosexuals).

The} fail to explain the almost complete ab ence of AIDS

in lesbians. I guess God either approves of female homosexuality or selecLJvely forgives women and not men. Lesbians don't seem to be effected by AIDS-unless they use drugs, of course.

I. It started an upsurge in gay-bashing and took steam out of the gay rights movement.

J. Haitian and African immigration was curtailed and even political refugees have been turned away.

With this plethora of individuals, corporations, and governmental agencies that have such incredible economic and political 57

power at stake, is it no wonder that the truth has been silenced and ignored. Many courageous scientists and physicians who have dared to speak up have lost jobs, grants and licences, while the perpetrators have prospered. However, the greatest cnrne of all is that research is going in the wrong direction. \\'e are ignoring over 20 years of expensive time and effort that proved that retroviruses were harmless to humans, and are leaving hundreds of thousands of suffering and d ying human beings at t he mercy of a "killer drug"

(AZT), with no hope of salvation.

Now, if you wanted to sell anything to the public, even a fraud, what subject would gain the most attention, interest and notoriety?

SEX, of course!

How diabolically cruel, calloused and insensitive it is for the medical profession and the government to perpetuate unfounded lies that attempt to:

1. Impress homosexuals that their sexual preference and behavior is the reason that they become victims of a deadly disease and therefore homosexuality is wrong and unnatu ral; 2. Frighten the pu blic into

believing that "traditional family values", particularly marital sex, are the onJ y defense agai nst AIDS;

3. Divert attention away from one of the most obvious causes

-illegal immune suppressive drugs -and thus deprive the "war on drugs" of its most powerful weapon, i.e. informing the world that it is not the needles, it is the drugs that cause AIDS!

4. Hide from the world the fact that many medicines (particularly AZT), chemotherapy, radiation, our usual diet, and the chemical and biological pollution of our food, air and water, are the true causes of almost all immune deficiencies, chronic illnesses and cancer.

Chapter 6

Then, What Causes AIDS?

" .../tried to show that HTLV-1 was not involved in AIDS, all the joumals refused ro publish it."

Dr. Joseph Sonnabend, Founder,

AIDS Medical Foundation

In this section we will explore the known causes of the major diseases of AIDS, especially those that make obvious the reasons why they have occurred mainly in the male homosexual, drug user and hemophiliac subgroups of the world.

FACT:

There is no scientific evidence that mv (the so-called AIDS virus) causes AIDS. There are a large number of reference papers which already have established the many causes of immune deficiency and specifically many of the indivtdual diseases that have been lumped under the AIDS label. In fact, all diseases occur almost exclusively in individuals who are immuno-comprornised to one degree or another. If this were not true, any deadly epidemic would have put an end to the human race long ago! It is ironic that "the blind sheep" of the medical profession, in the matter of AIDS have accepted the presence of immunity as the cause of a disease. It is more than ironic, it is frightening.

DP.ADLY DECEPTION

So far, the perpetrators of this fraud ask us to believe that mv:

• Causes 25 diseases in the United States and Europe.

• Causes only 3 symptoms in Africa.

* Prefers men over women 9 to 1 in the United States and Europe.

* Prefer men and women equally in Africa.

* Prefers gay men in the United States.

* Prefers heterosexuals in Africa.

• Targets the young adult population.

* Ignores the old, handicapped and infirmed.

* h Jess virulent in the poorest unsanitary nations.

* Only causes disease when undetectable, not present at all or in insuf!icient numbers.

* Never appears in clinically significant amounts.

* ls such a slow virus that it will take 25,000 years to kill the victims currently infected in Zaire.

* Destroys its only means of replication and survival.

Conquers by committing suicide.

• (This "deadly virus") actually prolongs the life of hemophiliacs who receive transfusions that contain it (More died in one year after receiving non-infected transfusions than those who received mfected blood).

• ls different from all other retroviruses though there is no genetic C\ idence of said differences.

60

IN ADDITION:

The perpetrators of *this* f raud also insist that we change definitions, rules and scientific requirements, such as:

* It is not necessary to meet the accepted rules of proof, Koch's Postulates, which have stood the test of 100

years of verification.

* Theory backed by theory is equal to fact.

* The presence of flies on garbage proves the flies caused the garbage.

****

One might accept HIV as the cause of AlDS if there was at least a semblance of proof that it was true. However, in this instance, we are asked to believe in pure fantasy. In truth, this is the most outrageous and deadly example of Hitler's big lie!

In response to the brilliant arguments and facts presented by Dr. Peter Deusberg (of whom Dr. Gallo himself referred to as knowing "more about retroviruses than any man alive"), Gallo responded that Deusberg's claims were "too ridiculous to waste time answering!" This is an example of the kind of quali ty, responsibility and intelligence of Lhe rebuttal from the man i n charge of the largest AIDS research laboratory in the world, to a brilliant, world-renowned colleague. This has been the standard pattern that Gallo has used to avoid exposure of his gigantic fraud. Gallo, in the powerful position of controlling most of the research is literally the

"fox guarding the hen-house".

When in the history of modem scientJfic research have we ever accepted hypotheses (assumptions) as fact? When have the many d iscrepancies of the hypothetical been explained by more hypotheses, whose discrepancies i n tu rn are explai ned by more hy potheses resulting in a never ending chain of insanity? None of these hypotheses have ever been proven by laboratory or even anecdotal evidence!

AIDS represents placing many different d iseases u nder one heading, and steadily adding to that list to make it appear as though 61

DEADLY DECEPTION

the "epidemic" is spreading (even with this tactic the predicted

"epidemic" is lagging more than 90%). In Africa, where it is estimated that 40 million people are IllV-positive, AIDS is defined as diarrhea, fever and wasting. These are the symptoms of malnutrition , starvation, toxic pollution and parasitic disease, which are rampant in the populations cited. Yet, there are no studies to indicate that the presence of antibodies to lllV poses a greater risk to the patient. (The curing of AIDS by diet is being reported in Africa-it has already been reported in the U.S.A., Australia and elsewhere). Respected eyewitness reports and various top African government health officials revealed in 1993 that there is no AIDS

epidemic in Africa!

KNOWN CAUSES OF AIDS

"I ask you, what kind of scientist continues to suppon a h)pothesis that fails to explain and fails to predict?"

Harvey Btaly, Editor, *Bio/Iechnology*

THE AMYL NITRITE

("POPPERS") CONNECTION

* FACT: Many documented studies have demonstrated that between 96% to 100% of AIDS cases were users of

"poppers" (amyl nitrite, a medication for cardiacs, that was popular with male homosexuals to enhance the sexual climax). Compare this with the fact that only 40% of the AIDS cases showed evidence of having HIV. Which is more likely the cause?

It is important to pause here and dwell on the overwhelming evidence of the amyl nitrite-AIDS connection. The proof of cause and effect *is* undeniable, and yet, it has been largely ignored and suppressed in dissemination to the profession and the media. The documentation reference to amyl nitrite that I will present is but a fraction of the evidence available. It is representative of the evidence available for the indictment of the many causes of AIDS that has been in the medical literature for decades. Considering that it was by decree and not scientific evidence that HIV is called the cause of AIDS, you will be appalled, shocked and angered at the magnitude of the deception. Many of the in\'e·tigators involved in 62

the articles cited, linked viral infection to the use of "poppers" as the "postulated" cause of the AIDS diseases. This linking is without foundation in the absence of proper controls. It is the shoddiest of "scientific" conclusion or postulation. The use of "poppers" by the drug-using subgroup of the gay population explains why Kaposi's sarcoma is almost exclusively occurring in that cluster.

****

* *Annals of internal medicine,* August 1983

In an epidemiological study involving the first 50 AIDS patients, Harold W. Jaffe et al., discovered that 96%, or 48 of the 50, used nitrite inhalants ("poppers"). The average use exceeded 350

doses. The majority also used many recreational drugs. Sadly, the controls in this study, did not exclude drug-users and individuals who bad typical immune deficient abnormalities and some of these individuals subsequently developed AIDS. I believe that this would further illustrate that the types of drugs or combination of drugs determine the type of disease that develops.

* *Lancet,* May 12, 1984

A 30-month study by Usha Mathur-Wagh et al, followed 42

men (bisexual and homosexual) with persistent lymphadenopathy (swollen glands). All of the subjects had inhaled nitrites and many had used

recreational drugs (none had used drugs intravenously).

Eight subjects developed AIDS during the course of the study. All eight had used nitrite inhalants heavily. The authors reported a follow-up study after 4 1/2 years in the *New England Journal of Medicine* on December 12, 1985. They reported that 12 subjects had by that time developed AIDS-all of whom were nitrite users.

Kaposi's sarcoma was the disease they had in common.

****

* *Cancer Research,* March 1983

Evan M. Hersh, et al.. disclosed that nitrate inhalants in minute amounts caused irreversible impairment in the function of the immune system and "may be related to the development of opportunistic infections and Kaposi's sarcoma...and their use should be condemned...".

****

63

DEADLY DECEPTION

* *Sexually Transmitted Diseases,* October-December 1985

Harry W. Haverkos, et al., in a study involving the frrst 87

AIDS cases, 97% had used "poppers" and 58% used 5 or more

"street drugs". AU were heavy drug users.

****

* The *New England Journal of Medicine,* December 10, 1981

David T. Durack, in the lead editorial, discusses why AIDS is apparently new and sees "recreational drugs" as one possibility. He points out

that".•.the only patients in the series reported in this issue who were not homosexual were drug users •.• Perhaps one or more of these recreational drugs is an immunosuppressive agent.

The leading candidates are the nitrites, which are now commonly inhaled to intensify orgasm..." Unfortunately, Durack compromised his integrity by adding the next sentence which introduces two co-factors without any basis in fact: "Let us postulate that the combined effects of persistent viral infection plus an adjuvant drug cause immuno-suppression in some genetically predisposed men" (emphasis mine).

Durack, in inferring that three things may be necessary for AIDS, ignores what bas been factually known about most drugs for decades. He makes them secondary and then throws in genetics, which is truly immaterial. Obviously, genetic disease can well stand on its own and is relatively rare. Can you imagine a genetic epidemic? He therefore places the virus infection as primary, even when active infection bas never been demonstrated. It must have come to him in a vision, because he certainly grabbed it out of the thin-the very thin-hot air! 1suspect that if he didn't report in lhis manner, be wouldn't receive any more grants!

I would prefer the company and honesty of street prostitutes over Durack, at least they admit what they are, and they certainly don't mislead their colleagues or their clients.

Perhaps Dr. Durack and the rest of the non-thinking members of the scientific communjty can explain the existence of the following documented realities presented in major journals and at major seminars in 1992:

A growing number of AIDS cases are being reported in which:

I. The presence of mv, or even the antibodies to HIV, has not been demonstrated.

II. Individuals, particularly children, have no known "risk factors", i.e., Drug use, injections, transfusions, born of parents with AIDS, sexually active or promiscuous, or

"gay".

ill. 5% of the population of the U.S.A., or approximately 12,500,000 Americans are purported to be HIV-positive and yet, the number of aids cases is proportionately dropping.

IV. All estimates, by the major health organizations of the world, indicate that the overwhelming majority of HIV

infected people are not developing AIDS. (Of course, we may have to wait 45 to 65 years to find out).

V. There are the extremely important and crucial studies analyzing and correlating the number of individuals who died from the AIDS diseases in the many decades prior to this "new epidemic" -there is no epidemic!

In the *Journal ofToxicology-Clinical Toxicology,* 1983, Richard F. Jacobs, et al., commit the same serious commission of unwarranted, unfounded and misleading statements when in their article they wrote, "Functional deficits in lymphocyte interaction following occasional or chronic exposure to inhaled nitrites may be a potential contributing but not the [primary] factor in the acquired immunodeficiency syndrome (AIDS) [emphasis mine].

Their article,"Cellular Immunotoxicity of Amyl Nitrite", described

"some effect on all cellular functions was demonstrated" in as little as 5 minutes exposure to amyl nitrite vapors. The effects noted were significant, extensive and numerous, prompting them to comment, "These effects may be a potential factor in the alterations of phenotypic markers on T-lymphocyte populations, as well as, a 65

potential contributing factor in the functional deficit of mononuclear cells in patients with AIDS."

I have no problem with the frequent use of the word "potential"

because it is good cautious terminology. However, the definitive statement, that it is not the primary cause of AIDS, is irresponsible and not supported by any evidence. Oh well, he's probably gotten his next grant!

****

Michael Marmor et al, in the *Lancet,* May 15, 1982, published the kind of objective research article that is rare when it comes to AIDS. He and his co-workers were candid and straightforward, with one exception (highlighted) in their hypothesis;

"Use of amyl nitrite may have caused Kaposi's sarcoma either by directly causing immunosuppression, thereby allowing expression of a sexually transmitted oncogenic virus; or by allowing an unknown carcinogenic agent, otherwise controlled by the immune system, to operate; or by acting *as* a direct or metabolically activated carcinogen."

I would suspect that Marmor relied on the integrity of his colleagues and went with the flow, rather than look for evidence of sexu al transmission himself or even conducting a search for at least one reference paper incriminating a virus. But again, throwing in

"little men from outer space", enables scientists to get their papers financed and published.

You can do honest research, but unless you link it to HIV and AIDS with the equivalent of a "perhaps", it's no dice- uh, no money that is!

REVERSAL OF THE T-CELL RATIO, a signature characteristic of the immune defect in AIDS, has been cited by many respected researchers as a common, if not a constant, finding in individuals who use nitrite inhalants. This has been reported in some of the most renowned medical journals, such as the *Lancet* and the *New England Journal of Medicine.* Many studies

on cells in the laboratory (in vitro),in mice and in humans, (Lynch, Gerblich, Ortiz, Maickel, Guss, Lotzova, Marmor, Neefe, Watson, Gangadharam, Hersh, Marmer, Newell, Goedert, Moss and others) 66

have clearly demonstrated tbis in the absence of genetic or viral co-factors. It has been Hkewise demonsmued in humans i n the absence of any other co-factors. There are no such comparable studies alailable "ith reference to the so-called HIV. Not one!

HIV has never been demonstrated to cause AIDS or any of the pathological changes seen in AIDS. It is all unsu bstantiated fantasy, but stated as though it were fact.

****

THE EVIDENCE

1. The toxicity of the i nhalant nitrites is so well documented, that many states have outlawed them.

2. The nitrite-immune defect relationship of cause and effect is undeniable.

3. The 96-100'1> nitrite-AIDS connection is astonishing direct evidence. The laboratory and clinical evidence is overwhelming.

CONCLUSION

Nitrites (particularly inhalant) should be listed as the number one ca use of AIDS in the gay population, especially those with Ka posi's sarcoma. It has already been proven. It is not a co-factor, and it doesn't need one.

It is fitti ng to ask why powerful government agencies did not and have not taken note of the obvious nitrite-Kaposi's sarcoma-AIDS connection. The common corrupt tactic of these agencies is to focus on a single misleading article (usually cond ucted by a government, government sponsored or self-serving ind ustrial research group) that is contrary to the wealth of articles by independent researchers which clearly implicate nitrites as extremely deadly. In this instance, the Centers for Disease Control newsletter in the

September 9, 1983 issue, cited a CDC/National Institute for Occupational Safety and Health Study as indicating that there was no evidence of immunotoxic reactions from amyl nitrite. Incredibly, the study eval uated very low levels of nitrite vapors approximatin g those found in a factory manufacturing "poppers".

This is in sharp contradistinction to direct inhalation from an ampule or bottle which is significantly higher in concentration. In spite of the fact that the researchers themselves wrote, ".••this study did not attempt to model the recreational use of these drugs...Exposures were selected to mimic an occupational exposure in order to fill this gap in the existing literature, *rather than to conduct brief acute high-level exposures to imitate exposure by nitrite abusers.",* the CDC purposely misled the scientific community. Worse, the CDC became criminally negligent by not warning the public of the mortal danger inherent in inhaling "poppers". Incredible! NaturaJly, the industry used this article to indicate that "poppers" had been exonerated of deadly accusations.

The shameful lack of action on the part of James W. Curran, M.D., Chief of the AIDS Branch, Division of Viral Diseases, Center for Infectious Diseases, is easily understood when one realizes that as long as the myth of the AIDS virus is kept viable, Curran remains very powerful. He receives tremendous attention from the media, who unsuspectingly repeat his lies and distortions.

One can only guess what incredible benefits are derived. Is this ignorance, incompetence, criminal negligence or criminal conspiracy to commit genocide?

Is this obscene corruption?

If so, it must not go unpunished!

****

DRUG USE

*FACT: 95% of AIDS victims (excluding hemophiliacs) are drug users.It must be recognized, however, that many individuals are reluctant to admit they are on drugs. It is socially and legally unacceptable and holds potentially severe condemnation. It is very common to exclude "poppers" and AZT from the definition of drugs.

In view of the fact that only 40%-50% of AIDS victims test positive for having had an HlV infection, it would seem far more logical that drugs cause AIDS. This, of 68

course, would not sit well with the illegal drug cartels, pharmaceutical comparues and all the other vested interests involved (fund raisers, field workers. research-ere;, etc.).

**********..

*FACT: Approximately 70% to 80% of intravenous drug users develop AIDS. Compared to the percentage of AIDS

sufferers (50%) who demonstrate the virus HIV, even a child would conclude that drugs are certainly more likely to be the cause of the disease called AIDS, If anything, HJV should be called the "co-factor", even though there is very little to support that concept.

****

* FACT: Marijuana impairs the functioning of monocytes, and users are suffering the symptoms of AIDS (Argonne National Laboratories).

****

*FACT: The *Merck Manual,* since 1952, has described the symptoms and disease designations of what is now called AIDS as "Immunodeficiency Diseases".

** **********

*FACT: The medical literature is replete with references to the causes of acquired immunodeficiencies. They are: all narcotics, o;;edatives, tranquilizers, alcohol, cardiac drugs (amyl rutrile, Inderal), steroids, chemotherapy, non-steroidal anti-inflammatory drugs, aspirin, Tylenol, antivirals, antibiotics, radiation, malnutritton, immunosuppressive drugs (used in transfusions of blood, tissue transplants and with chemotherapy) and even stress.

Notice that the majority of the items listed are drugs.

****

Although many would argue that the \\a) in which pollutants in our air, water and food cause disease is not via immune suppress1on. Ibelieve that 1t I'> purely technical and the results are ultimately the same. I, therefore, would add them to the list. All foreign substances introduced into the natural world, to \\ hich we adapted over a period of 60 million years, must have some adverse impact on our ability to cope with even the most subtle natural changes in our environment.

********** *

* **FACT:** Teruary syphilis, which appeared in the sixteenth century at a ume when mercury. a virulent p01son and immunosuppressant, was used for treatment, is identical to the description of AIDS, and indeed, is now called AIDS.

Those who would advance lhe argument that indivtduals who develop AIDS arc responsible for their own problems because they brought it on themselves, ignore lhe fact that the Pharmaceutical-Medical-Governmental Complex failed to reveal that immune deficiency has long been known to be the result ("side effect") of all narcotics and most medications, particularly amyl nitrite and AZT. The public and even the average physician have been denied the truth.

The hemous history of immorality, criminal atutudes and behavior of the Center for Disease Control continues today. Their abounding ignorance, stifling bureaucracy and cold di regard for lhe human cost of their actions and, in man} case:, inaction, can be exemplified historically by the infamous Tuskeegee experiment Four hundred black men were deliberately ldt untreated for syphilis for a period of forty years (1932 to 1972) to determine the ultimate effects, longevity and complicatlons of the disease. In spite of the fact that this information was already known, the CDC

defended the experiment as a "clinical matter where the decision may not have been correct" (emphasis mine).

********** *****

70

The world's #1 retrovirologist blows the whistle!

DR. PETER DUESBERG ON AIDS

"Truth is not verified by popular vote, it avoids no question and answers without emotion." -

REW

The conclusion to Dr. Peter Deusberg's brilliant paper presented for publicalion to the *Proceedings of The National Academy of Sciences USA,* vol. 80, pp. 755-764, February 1989, serves to answer the question of causation better than any I have seen. All emphasis is mine.

"What are the causes of AIDS? I propose that AIDS is not a contagious disease caused by one conventional virus or microbe, bccau e no such virus or microbe would average 8 years to cause a primary disease, or would selectively effect only those who habitually practice risk behavior, or would be able to cause the djverse collec·ion

plastic diseases. Neither could a conventional virus or mkrobe su rvi ve if it were as inefficiently transmitted as AIDS, and killed its host in the process.

Conventional viruses either are highly pathogenic and easy to transmit or are non-pathogenic and latent and hence very difficult to transmit. Conventional viruses or microbes also exist that cause secondary or even primary diseases long after infection, but only when they are activated f rom dormancy by rare acquired deficiencies of the immune system. Such opportunistic infections are the consequence rather than the ca use of immunodeficiency.

"Since AIDS is defmed by new combinations of conventional diseases, it may be caused by new combinations of conventional factors. The habitual administration of factor VITI or blood transfusions or of drugs, chronic promiscuous male homosex'Ual activity *tlwt is associated with drugs,* numerous acute parasitic infections, and chronic malnutrition -each for an average of 8 years -are factors that appear to provide biochemically more tangible and plausible bases for AIDS than an idle retrovirus. Indeed, the correlation between AIDS and such factors is 95%. Among these factors, EB V, cytomegalovirus, herpes simplex virus, and 71

administration of blood components and factor vm have all been identified as causes of immunodeficiency not only in HIV-positive, but also IDV-negative, hemophiliacs.In fact, the dose of factor VITI received was found to be directly proportional to subsequent immunodeficiencies. The habitual admission of narcotic toxins appears to play a major role in the U.S. and Europe. Moreover, that the Kaposi's sarcoma cases decreased exactly with the use of nitrites, rather than lagging behind it by 8 years as would be expected from the presumed 8 year latent period of HIV, argues directly against a role of HIV *in* Kaposi's sarcoma. About 30% of the American AIDS

patients are confirmed users of injected drugs. Because of the difficulties in assessing drug data, it is probable that the percentage who use injected and/or non-injected drugs is even higher. For example, nine different drugs were used in combination by a cohort of antibody-positive homosexuals in San Francisco. Again there are quantitative drug-AIDS correlations. For example, the decreased use of nitrite inhalants was shown to correlate wilh the decreased incidence of Kaposi's sarcoma in homosexuals.

"Further, it has been documented that protein malnutrition, parasitic infections and (exposure to toxins) are the most common causes of T-cell immunodeficiency worldwide, particularly in developing countries. Unlike HIV, the specifics of these risk factors provide a plausible explanation for the risk specificity of AIDS diseases. The long and unpredictable intervals between the appearance of antibody to HIV

and the onset of AIDS would reflect the thresholds for these factors to cause AIDS diseases, rather than an unlikely mechanism of HIV pathogenesis.

"In response to this view it is often pointed out that AIDS

risks have existed for a long time, whereas AIDS is said to be a new syndrome. However, this argument fails to consider that the major risk groups - male homosexuals and intravenous drug users -have only become visible and acceptable in the U.S. and in Europe during the last lO to 15 years, about the same time that AIDS became visible. Acceptability facilitated and probably enhanced risk behavior, and thus the incidence of the many diseases now called AIDS. Increased consumption of drugs was reported to have increased the number of drug-72

related deaths, although unconfirmed mv infections were the preferred interpretation. Moreover, the particular permissive-ness toward these risk groups in metropolitan centers encouraged the clustering of cases that was necessary to detect AIDS.

Further, it has been pointed out that slim disease, fever and diarrhea in Africa are not a new epidemic, but old diseases under a new name, caused by previously known infectious agents and malnutrition.

"This analysis offers several benefits. It ends the fear of infection by IDV, and particularly of immunjty to HIV, because it proves that HIV alone is not sufficient to cause AIDS.

To determine whether HIV is necessary for AIDS, controlled, randomized analyses either of risk takers who differ only by the presence of antibody to HIV or of antibody-positive individuals who differ only in taking AIDS risks must be carried out Moreover, assessment of a pathogenic potential of

HIV would depend on evidence that the life-span of antibody- positive risk takers is shorter than that of antibody- free controls.In addition, it should be determined whether. prior to 1981, AIDS risk takers ever developed what are now called AIDS diseases. This analysis also suggests studies on how the nature, frequency, and duration of AIDS risks generate risk specific diseases.

Such studies should include persons treated with AZT before and after AIDS symptoms to assess the AIDS risks of AZT.To this end, diseases should be reported by their original names, rather than AIDS because of their association with antibody to HIV. *Finally, this analysis suggests that AIDS prevention efforts be concentrated on AIDS risks rather tlzan on transmission of HIV."*

I took the liberty of highlighting several key sentences, as well as separating the last paragraph because of its singular importance.

The studies that Dr. Duesberg suggests are so basic and elementary, that any individual or agency that would make scientific claims without them is inexcusable.

When Margaret Heckler adopted HIV as the cause of AIDS, basically all institutions which rely on HHS for funding, grants etc., had to go along and cooperate, or face extinction. HHS is the paymaster for all health departments and agencies. This includes the National Institutes of Health. Bureaucracy suppresses freedom 73

of thought and expression, so if you want to keep your job, you keep quiet and go along with the flow. Pohtics not only enters science through this route, but it controls it There is obviously no confllct of interest ruhngs involved, so profit and power supersedes truth, and therefore integrity is compromised. In scientific circles and in law tt IS considered blatant fraud and the perpetrators should be criminally prosecuted for that fraud, as well as for all of its consequences.

Risk groups represent 95% of the AIDS cases in the United States. Rather than waste incredible sums on absurd unscientific hypotheses, we should be asking what it is that they are doing that the rest of us are not? Then. if we include alJ individualwho have the same 25 di-;cases, but who are HIV-negallve, the answer will be very clear!Just as clear as it was when it was first printed in the *Merck Manual* over 40 years ago and which is even more self-evident today.

74

INTERMISSION

A TIME TO REFLECT- AGAIN

As I promised at the beginning, now is the time for you to pause and to ask the fust set of questions. The brainwashing for years by the press leave most people with an element of confusion and doubt. It would not be unusual for you to wonder and ask: THEN WHY ARE SO MANY PEOPLE DYING OF AIDS?

If one person dies of any disease, it is too many. I have prefaced my answer with that honest statement so that you will not think that my answer is a casual one.

Firstly, **that** many people are **not** dying of AIDS. It represents a very small percentage of deaths except in third world countries where starvation is rampant. The predictions for the future are exaggerated to the extreme and have fallen short by significant amounts. The "epidemic" had failed to grow for several years, until they added more diseases. You might read that AIDS is the "leading cause of death" in a particular age group, which may make it sound as if it *is* far more widespread than it actually is. It would be expected for AIDS to be the number one killer in the age groups (20's to early 30's) that are heaviest into drugs-and it is!Infections have never been prevalent in that age group.

75

DEADLY DECEmON

THEN WHY ARE BABIES AATO

SEXUAL PARTNERS GETTING AIDS?

The baby born of an addicted mother will be immune deficient and have all the symptoms of drug addiction, which are identical with ARC (AIDS Related Complex) patients. When you look at a crack cocaine baby, it is identical to the babies of Somalia and the AIDS babies of America.

What about Arthur Ashe?

This famous tennis star received blood transfusions with surgery. The claim was that the virus was transmitted through the blood. This might be true, but the virus has never been shown to cause any disease in humans. Therefore, the most likely causes would be those which have been proven, i.e. the immune suppressives in the blood or even more likely, the use of AZ:f.

Will "Magic" Johnson

(the basketball superstar)

die of AIDS?

If he is on drugs (including AZT) - YES!If he is not - NO!

How *did* he become HN-positive?

I, of course, don't know for sure. It could have been from measles or a "flu"- but who cares? It doesn't mean a thing!It could be a marker for immune suppression. Without a good medical history, physical examination and laboratory workup, I would only be guessing.

What about the cases I read about in the newspapers, in which somebody got it from a dentist or from having sex with an infected person one time?

It wouldn't make any difference if you did IT a thousand times.

You cannot get AIDS from anyone. Either drugs were involved or the AZT killed them and fulfilled the prophecy.

****

76

****

A FRIENDLY RE\DNDER

Immunodeficiency disease is caused by:

Malnutrition, environmental toxins, radiation, chemotherapy, transfusions (usuaJly multiple) which contain immunosuppressives,

excessive emotional and physical stress,

recreational drugs and a great variety

and number of prescription drugs!

IDV does not cause AIDS!

****

77

DBADLY DECEPTION

78

Chapter 7

Prevention

And Treatment

\VHAT IS AND \VHAT SHOULD BE

Undoub£edly, there will be many individuals, particularly in the gay population, that will resist the truth about the cause of AIDS, because they fear it will dry up funds that are presently being provided for AIDS research and the care of AIDS sufferers. A large segment of the medical ind ustry will also denou nce, oppose, twist and distort the facts in order to protect their pet goose and keep the production of "golden eggs" as bountiful as ever. The billions of dollars harvested by government agencies, adminjstrators and promoters of funds for £he 16,000 AIDS organizations, pharmaceutical comparues, technological instrument companies, laboratories, physicians, and the thousands of health care workers and researchers,

\vill be desperately missed. Is it no wonder that tills fraud persists?

However, the current research will be as fruitful as fishing for sharks in the dessert. In adrution, the current fallacious approach to therapy will only continue to result in millions of unnecessary and brutal deaths.

****

*FACT: The drugs which are used to treat AIDS are established causes of immunodeficiency; antibiotics, steroids, and in particular. the only chemotherapy infamously approved by the FDA; azidothymidine (AZT),

- *which actually causes AIDS* (see package insert).

"AZT Is A Random Killer Oflnfected And Non-Infected Cells. AZf cannot discriminate among them.

It kills T-cells; B-cells; red cells (that carry oxygen)-

it kills all cells. AZf is a chain terminator of DNA synthesis of all cells - no exceptions. It wipes out everything. In the long run it can only lead to the death of the organism-and the cemetery. AZT is a certain killer!Who will be held responsible for the death of patients (some 180,000 now being treated with AZT) that results Crom AZT therapy-pharmacological homicide?" (quoted from Peter Duesberg's article in the *Truth Seeker,* Sept./Oct 1989)

Insanity!This in fact, makes up a major part of your deadly epidemic! Can you fully comprehend the horrendous meaning of the AZT treatment? Individuals who test IllY-positive, which indicates they have immunity to a harmless virus, are then given a drug which will cause them to develop the very disease they did not have and then die from iL AZT cannot cure drug addiction or starvation except by killing the patient; and, of course, death cures everything.

*FACT: AZT was sitting on the shelves of the National Institutes of Health in Washington, D.C., after it failed as a cancer drug, because it was too toxic.

*FACT: AZT, was the subject of a double-blind study conducted by Margaret Fischl at the Jackson Memorial Hospital, University of Miami Medical Center. A double-blind study is one in which neither the patient nor the doctor knows whether the patient is getting the experimental drug or the placebo (fake). In this way it 80

is impo sible for the doctor to influence the outcome of the experiment and the psychological effect of receiving medicine is nullified or equal for both.

The placebo is usually an inert powder that has absolutely no dis-cernible effect on the patient. The study by Dr. Fischler was prematurely discontinued after 16 weeks for "ethical reasons" because of the greater death rate in the control group. This study, which resulted in AZf be10g released for use in treating AIDS, was heavily flawed and fraudulent because:

J. AZT is highly toxic and rapidly produces *56* side-effects. It is virtually impossible to do a double-blind study under those circumstances.

2. The participants were all from the homosexual population in Miami, which is very clannish and highly communicative amongst themselves. This is supported by the fact that the placebo patients had an unprecedented 31 side effects. This incredible statistic could only occur with close communication and comparison by the participants; and therefore is tacit evidence that the double-blind code was broken and the study useless. Further on, I prove the code was broken.

3. All AIDS patients at the AIDS clinic were told they were gomg to die and that AZT was the only treatment available (although experimental). Under those conditions, any patient suspecting that they were on the placebo, would become devastated, lose all hope and die more quickly (a phenomena not unfamiliar in medicine).It also explains why the "placebo" group had 31 side effects from a substance that shouldn't produce any. Psychologically these patients would develop similar symptoms to their cohorts because emotionally they could not face the fact that they were facing certain death without even a chance to survive. There is proof the drug was shared.

4. The dishonesty of those in charge of the study becomes obvious when it is known, that when the researchers applied to the FDA to be able to test a larger number of individuals, they failed to reveal that after 48 weeks the death rate in both the drug and placebo groups were equal.

BUT...

Now comes the kicker!

After the study was completed -long after the drug was approved by the FDA -the report submitted revealed the following facts:

A. The participants in the study were aware who was on the placebo and who was on AZT.

B. Some participants on AZT shared their drug with those who were on the placebo.

(This means the study was completely invalid and the

"double-blind" did not exist).

C. The individ u als on AZT required 3 to 8 times more transfusions than the placebo group.

This is extremely revealing and alarming!

It reveals why it appeared that the AZT group did so much better than the placebo group.

Transfusions temporarily provide increased strength, sense of well-being and protection against infection.

It is alarming because it indicates that AZT destroys the immune system and requires frequent extraordinary steps for survival.

Subsequent studies, not funded by Burroughs-Wellcome indicate that AZT hastens death, and that the other studies with their remarkable results were obviously fraudulent.

Conclusion: AZT -Perfect-for committing legal murder!

****

AZTSCORECARD

Discovered in the 60's, but pot aside -it was too toxic for cancer chemotherapy

1000 times more toxic than reported (Avramis et al., 1989) Destroys T-cells same as AIDS does and leads to death (Balzarini et al., 1989;

Mansuri et al., 1990; Hilchcock, 1991)

Prescribed in doses 20 to 60 times more lethal than needed to kill human cells in the laboratory

Destruction of blood -life threatening -needing transfusions (30-50%)

SIDE EFFECTS OF AZT

(Extracted from Lhe insert of retrovifTM (zivovudine-AZf)

"Side effects" = unwanted direct effects Cancer (lymphomas)

Impotence

Hepatitis

Severe Nausea

Dementia

Chest Pain

Mania (Madness, Frenzy) Insomnia (can't sleep) Seizures (Epileptic) Ataxia Ooses balance) Anxiety Depression Pain, Generalized

Muscle Atrophy (Wasting)

Anemia

Dyschromia of Najls

Leukopenia*

Dyspnea

Neutropenia*

Encephalopathy (Wernicke's)

Pancytopenia*

Polymyositis (muscle

inflammation)

Thrombocytopenia*

Weakness

Fever

Diarrhea

Rash

Itching

Urinary Frequency

Sweating

Vertigo (dizziness)

Alteration of Taste

"Sick Feeling"

Vaginal Cancer in

Laboratory Animals

Serious interactions with aU pain medicines, from aspirin to morphine

* Standard laboratory evidence of immune suppression.

*FACT: No studies have been done to determine the AIDS risk in individuals who took AZT after the symptoms of AIDS appeared, as compared with those who took AZT before the symptoms of AIDS appeared.

****

*FACT: Physicians who have been successful in treating AIDS

by eliminating recreational drug use and not using drug therapies have been ignored. Their articles are not printed in mainstream journals. Many have lost their licenses to practice medicine because they refuse to use orthodox methods such as killing their patients with AZT. In a "disease" that has no successful therapy, the suppression of innovative and creative thought *is* rampant and the lethal process goes on. *This is* one reason why the "epidemic" persists and we continue to 84

add to the loss of lives, the loss of honest scientists and the loss of progress. The treatment of the 25 different diseases, when they do occur, should involve the appropriate antibiotics and antifungals if truly neces- sary (ozone and herbs are better) along with abstinence from drugs, change in diet and the addition of supple- ments and the safe therapies available (see the section on treatment). However, chemotherapy is absolutely contraindicated; and irrunune supportive therapy, which is available throughout the world should be tried, especially in the immuno-compromised individual.

****

WILL A VACCINE BE DEVELOPED

AND DO WE REALLY \VANT ONE?

"I ask you, what kind of scientist continues to support an hypothesis that fails to explain and fails to predict?"

Harvey Bialy, Editor, *Rio/Technology*

It is with great trepidation that I contemplate the appearance of an AIDS vaccine. This pronouncement must shock you, so let me explain. First of all, vaccines are used to produce antibodies to fight a disease. However, the test for AIDS is a test indicating you have antibodies and therefore are immune to the disease. Why then do we want to produce what we already have and for a virus that is harmless? There is, however, another important objection. Though it is not generally known to the public, vaccination has been a controversial issue amongst scientific researchers for many decades. The true facts about vaccination have been effectively concealed or at least only partially presented, even to the medical profession.

William F. Koch, a world renowned scientist in the field of virus and cancer research, wrote in his text, *An Introduction To Free Radical Therapy* (1961), "The protein capsule (of the virus) has specific antigenic powers that yield specific immunological responses, and serological reactions. This is the part that is convert-85

ible into a vaccine used to excite immunological reactions in the patient. There is no immunological response to the nucleoprotein part though this is the part that causes the pathology." He then restates, "...vaccines for a specific virus do not immunize against the nucleoprotein that is the actual pathogen, especially after it bas penetrated and integrated with the host cell, so talk about curing...is a waste of time. Even the prevention of viral infection by vaccine is meeting the strongest statistical opposition since the large scale smallpox. and Salk vaccinations have been recorded. In line with what is known about vaccine structure, statistics appear logical when they show that paralytic 'polio' is increased both in incidence and fatality by use of the vaccine." He then presents the number of cases of "polio" reported in

major diverse areas of the U.S. and Canada before and after the use of the Salk vaccine.

Let's take a look:

EFFECTS OF POLIO VACCINE

AREA

No. of cases in yr.

No. of cases in yr.

REPORTED

before the vaccine

after the vaccine

MONTREAL

less than 100 cases

521 cases, 27 deaths

OTTAWA

64 cases, 7 deaths

455 cases, 41 deaths

(In all of Canada, lhere were 7 times more paralytic cases with a greater death rate, after the vaccine was used.) DETROIT

226 cases

697 cases

UNITED STATES

5,987 cases

8,531 cases

3,090 paralyzed

5,661 paralyzed

(In North Carolina and Tennessee, where vaccination was compulsory, lhere wa 400% iocrense)

Koch then comments on his experience with hog cholera and rabies in Cuba and South America. "It should be stated that every epidemic of viral disease treated...followed vaccination within a few months, when protection should have been had instead of an epidemic."

86

S lALLPOX

About smallpox, Koch cites the Philippines where the U.S.

Army forced the vaccination of 3,285,376 natives in 1918, "when no epidemic was brewing" and only mild sporadic cases were occurring. After being vaccinated, 47,369 came down with smallpox and 16,477 died. In 1919, they vaccinated 7,670,252 people, which resulted in 65,180 cases of smallpox and 44,408 deaths.

The obvious question arises then as to why there has been a decrease in the diseases for which we vaccinate. This is precisely where the controversy lies. The opponents argue that most viral epidemics were already on the decrease when the vaccinations were employed and the major reason for this was the vast improvement in sanitation and hygiene. These are factual and strong arguments in view of our extensive knowledge about epidemiology and transmission. Proving it absolutely is very difficult. However, the figures speak for themselves. Almost all disease is more rampant where sanitation, hygiene and nutrition is poor.It is further argued

that statistical dirty tricks are often employed by the Government, as is being done currently in the so-called AIDS epidemic. In

"polio", for example, several diseases were renamed and placed under one banner. When the vaccine was introduced, the Centers for Disease Control issued "...new diagnostic guidelines that rel-egated what would have been polio diagnoses back to the menin-gitis of pre-polio days." (T.C. Fry)

****

*FACT: In 1984, Gallo bragged that a vaccine would be available by 1986. Have you seen it? Perhaps we are better off! He is, because he's still getting grants in support of his quest for a vaccine. Gallo can't lose! He can get grants *ad infinitum.* If he does develop one, it won't cure AIDS and it could make him the wealthiest "con man" that ever lived.

****

* FACT: It is pure fantasy to expect to develop an effective vaccine against mv even if it caused AIDS, because it mutates and therefore it would have to be effective 87

against several strains which seem to be popping up all over the world. None of these strains, by the way, have been proven to cause AIDS!

****

*FACT: Even if a vaccine were developed, one would have to wait 2 to 30 years to determine if it were effective; at least that would be the excuse. Besides, with the shoddy epidemiological knowledge that we have, it would be impossible to arrive at any conclusion. New cases would continue to appear; and because HIV is not the cause, it would be assumed that the vaccine wasn't effective or that a new strain bad appeared. Nothing would change and the farcical search would continue.

****

* FACT: The purpose of a vaccine is to stimulate the production of protective antibodies in order to prevent a disease.

But we already have antibodies, which is why we don't get any disease from mv and *why you can't culture HIV if antibodies are present.* However, we are told that the antibodies that humans have already produced do not protect us from getting AIDS. They happen to be right in this instance. How could they protect us if HIV doesn't cause AIDS? The testing of a vaccine will be a total farce and bring in billions more to the charlatans for a vaccine that will do nothing, except possibly kill or maim the recipients because of allergic reactions or contamination, like other vaccines have done. A vaccine for an epidemic that never existed will undoubtedly be successful because it has nothing to accomplish! As long as people use drugs or have the need for many transfusions, there will be the same percentage of deaths from the same 25 diseases.

They will simply reinstitute the old names and stop calling them AIDS. Presto digitum -

the vaccine

works!

****

88

• FACT: A vaccination treatment for a virus that has never been proven to cause anything can be a dangerous and very costly game. Remember the deadly Salk vaccine.

****

TO RECAPITULATE

HIV DOES NOT CAUSE AIDS

EVEN INDIVIDUALS WITH

SUPPRESSED IMMUNE SYSTEMS

CAN MAKE ANTIBODIES TO HIV

VACCINES ARE USED TO

STIMULATE ANTIBODIES,

THEREFORE,

WE DO NOT NEED A VACCINE

WE ARE WASTING LIVES AND

BILLIONS LOOKING FOR

SHARKS IN THE DESERT!

Chapter 8

The Cure

ALTERNATIVE THERAPIES

THAT REALLY WORK

***FACT:** Many books and papers have been written and lectures have been given by alternative practitioners on effective treatment programs. The treatments are logical and are based upon "state of the art" knowledge, some of it dating back to the time of Hippocrates (400 B.C.) All of it is safe and is designed to improve health and therefore boost the immune system. Although antibiotics, antifungals and antiparasitics have been used in critical situations, natural products are preferred. The establishment refers to this therapeutic approach, even though successful, as "anecdotal" (a short narrative of interest, out of experience only), but lacking in scienti fie proof. How anxious establishment medicine is to forget and conceal that a study by the Office for Technological Assessment, an agency of the U.S.Congress, in 1977, determined that 80% of medical therapies in use have never been scientifically proven, and therefore 80% of what Medicine does is "anecdotal".

****

***FACT:** All of the following therapies have been reported effective in the treatment and/or the prevention of AIDS: 91

DEADLY DECEPTION

DIET(S)

A LOW FAT, LOW PROTEIN Al"'H>

HIGH COMPLEX CARBOHYDRATE DIET.

A mostly vegetarian diet, raw preferably, that includes a wide variety of nuts, legumes and fruits, would be preferred. A small amount offish, chicken or meat (3 ounces), several times a week can be tolerated, and for many even necessary to insure an adequate essential amino acid intake. For those who will seek the advice in nutrition from a qualified nutritionist or alternative (llippocratic) physician, a modified vegetarian diet can be monitored. Some advocate that protein be mainly obtained from lamb, venison, turkey, tempe and eggs. They can also recommend the appropriate nutritional supplements. Even the ultra-conservative American Cancer Society said a few years ago, that we could prevent 35% of all cancers with diet alone. If it can prevent cancer, why couldn't it be used as a treatment in cancer and AIDS? (Shhhh! Don't tell them-it's already been done!)

****

A few extra tips:

Go easy on peas, especially canned - too much selenium.

Wash foods thoroughly with soap and water.

Peel most fruits and vegetables because of insecticides (organically grown is best).

Eat more rye and less wheat (avoid refined carbohydrates).

Nuts should be eaten raw when possible (bold down peanuts).

Chew food well and eat small amounts frequently.

Drink lots of water, but not at mealtimes.

Avoid mil.k and artificial drinks.

Keep your bowels moving, an occasional enema b helpful when the bowels get sluggish or even as a routine, but use more frequently for gas and fullness.

AVOID FRIED OR PROCESSED FOODS, CHEMICAL ADDITIVES AND REFINED CARBOHYDRATES. Remember the old adage, "If you can't pronounce it, don't eat it!

In using oils, linseed (flaxseed), olive, almond and safflower are fine if cold-pressed and unprocessed, but be on the lookout for and avoid hydrogenated or partially hydrogenated oils. A void foods baked with fat. Peppers and garlic are natural antibiotics.

FRESH, RAW OR LIGHTLY COOKED FOODS ARE BEST.

DRINK SEVERAL QUARTS OF PURE WATER EACH DAY.

A VOID CAFFEINE, SALT AND SUGAR.

****

THE BUDWIG DIET

I am borrowing lhe following from my book, "The Cancer Solution" because it is one of the best immune supportive diets available.

The diet is presented in two parts. The rarst section, I.

PREVENTING AIDS, is for individuals who do not have AIDS, but who understand that their lifestyle (drug-use, self-abuse, etc.) is obvious risk behavior and therefore places them at great risk of developing AIDS. This diet is designed to correct much of the damage which has undoubtedly occurred. The second section, D. IF YOU HAVE AIDS, is for individuals diagnosed with AIDS and are in need of a more aggressive approach.

FOLLOW IT TO THE LEITER!

I. PREVENTING AIDS

PURE VIRGIN COLD-PRESSED UNPROCESSED

LINSEED OIL (FLAXSEED OIL) - - - - - 1 TABLESPOON

LOW FAT COTTAGE CHEESE------ 1/2 TO 1 CUP

This basic combination of fatty acids and sulfur rich protein can be taken alone or in combination as a mixture. However, there are many ways that it can be varied by adding flavoring or other food ingredients to suit your own taste. (see below) 93

DEADLY DECEPTION

THE RECO:MMEJ\l)ED DIET

The diet which is slowly being recognized by all medical authorities as cancer preventive and immune-boosting stresses the intake of:

Fresh Fruits - - - - - - - - 3 to 4 medium size portions daily Fresh Vegetables - 4 to 6 cups (Several tablespoons of Jjnseeds and/or 1 to 2 tablespoons of the oil can be used in the salad dressing or on the vegetables) Be sure to include cabbage. broccoli, and maitake mushrooms

Unprocessed whole grain breads

and cereals - - - - - - - - - - - - - - - 3 to 4 cups or portions Fresh Fish

(Preferably cold water variety) - - - - - - - - - - - - - - 4 to 8 oz.

An excellent source of the omega-3 fatty acids is rainbow trout.

Fresh Meat - Bred without hormones, fat producing diets or feed that has been grown with pesticides or antibiotics

- - - - - - - - - - - - - - - - - - 3 112 oz. - 1 to 2 times a week.

Liquids - Bottled water. If possible it hould reverse osmosis, distillation and ozonation. There are many individuals who ha,•e difficult) \\llh drinktng the eight glasses a day that are recommended. Suggestion: place one glass of

your fa\'orite juice in a liter or quart bottle and fill the remainder with water. It is refreshing.

Herbal teas

Fresh fruit juices - (citrus fruits should not be taken within several hours of the linseed oil-cottage cheese portions) Caution: Remember that eating any processed oils will coun-teract everything you are trying to do.They are poison, as are all fried foods. Eliminate as much ugar as possible from the 94

diet. Remember that honey (not royal jelly) is primarily sugar.

Prepared foods must be devoid of all artificial preservatives or chemical additives. Artificial sweeteners are absolutely forbid-den!Ifgod didn't make it or you can't pronounce it- Don't eat it!

Helpful Hints: The first time I tried linseed oil on a salad, I was pleasantly surprised. I had expected it to taste strange or unusual.

It didn't-it tasted great! The mixture with the low-fat cottage cheese was even more exciting than I anticipated. I actually looked forward to eating a slice of the multi-grain bread covered with a thick layer of the mixture. I do realize that you cannot argue taste, and that taste varies tremendously.With that in mind, I am providing a whole list of ingredients and suggestions for making the Budwig "formula" a delight for your palate.

For Breakfast:

Fruit Juice

Cereal -ground linseeds, whole grains and nuts, raisin.

fresh fruits,linseed oil and low-fat cottage cheese, 113 to 112 cup low-fat milk, and honey mixed well in a blender.

Eggs - blend 2 eggs with 1 teaspoon of linseed oil and 1 tablespoon low-fat cottage cheese; add chopped tomato, onions and green pepper, herbs and spices; slowly bake or broil.

"Coffee,- made from roasted cereals

For Lunch or Dinner:

Salad - any desired mixture of greens, vegetables or fruits.

Dressings: low-fat cottage cheese and linseed oil mixture, then add for:

Honey Mustard: 1 tsp. honey and 112 tsp. of Dijon mustard Creamy Italian: vinegar, herbs (Italian), then for taste varia-tion, add any combination of spices, mustard, raw egg, garlic, onion powder, crushed anchovies 95

DEADLY DECEPTION

Green Goddess: minced spinach, cucumber parsley, lemon and dill.

Mexican: minced chile, red peppers, tomato onion, herbs and spices.

Fruit: honey, crushed nuts, poppy seeds and linseeds

- touch of cinnamon, lemon and/or mustard if desired.

Soups:

Gazpacho Soup: dilute basic mixture with low-fat milk and add: tomatoes, garlic, cucumber, onions, herbs and spices; blend well and chill.

Bean Soups: prepare your favorite soup in the usual way and add the Budwig mix toil

Other Soups: tomato and onion soups can be made as usual and the Budwig mix added.

Cooked Vegetables: steam cook and coat with oil and spices.

Honey and oil is great for corn and sweet potato. Baked potato goes well with mix, oil alone or with onions, parsley etc.

Dessert: The basic mixture plus cut up peaches, berries, flavoring, nuts, cinnamon, cloves, nutmeg, honey and your personal creativeness.

II. IF YOU HAVE AIDS:

It is imperative that you follow the diet exactly -no cheating is allowed! Dr. Budwig placed great stress on following the diet exactly. Her many years of experience have convinced her that failures do not occur except when the patient is lax with her treatment. Use the linseed oil more frequently during and for in-between meal snacks.

Wrapping the body in linseed oil-soaked cloths, the part that is effected by the AIDS, is very helpful. For example, if you have a liver involvement, wrap the waist. If it is the lungs, wrap the chest.

If it is the brain, wrap the head and neck, and so on. This is best accomplished during the night and whenever the opportunity allows.The oil can be mixed with rose water to add an esthetic touch.

Cold pressed and unprocessed walnut, pumpkin and soybean oil can be used in addition to linseed oil for variety. I strongly recommend, in addition to the vitamins and minerals already suggested, that particular emphasis be placed on making sure you take the recommended doses of vitamins C, E, selenium and Beta-carotene.

****

EXERCISE

DAILY EXERCISE THAT IS ENJOYABLE

AND NOT TOO STRENUOUS.

Walking, dancing, swimming, playing and sex are great!

Do not overexert yourself.

****

DIET SUPPLEMENTS

Research has indicated that the following are wise and safe.

VITAMINS

Vitamin A - - - - -35,000 units daily

Vitamin C----- 2,000 mgm. 3 x a day (6,000 mgm.) Vitamin E - - - - - - 800 units daily (check with company for proof of anti-oxidant activity)

B-Complex

Thiamine (B-1) -- - -- -- -100 mg

Riboflavin (B-2) - - - - - - - I 00 mg

Niacin (B-3) ------ 40-100 mg

Pantothenic Acid (B-5) - - 200 mg

Pyridoxine (B-6) - - - -- - 100 mg

Cyanocobalamin (B-12) -- 100 meg

Pangamic Acid (B-15) - - - 50 mg

Choline - - - - - - - - - - - - I 00 mg

Inositol - - - - - - - - - - - - - 75 mg

Folic Acid - - - - - - - - - - .8 mg

PABA - - - - - - - - - - - - - 50 mg

ANTI-OXIDANTS

Beta-carotene - - - 50,000-100,000 umts daily

Catalase - - - - - - - - - - - 100,000 units

Superoxidc Dismutase - - 100,000 units

Glutathione Complex - - - - - - 120 mg

Methionine - - - - - - - - - - - - - 50 mg

N,N Dimelhylglycme ------ 100 mg

N-Aceryl Cysteine - - - - - - - - 100 mg

L-Cysteine - - - - - ---- - - - 100 mg

Ubiquinone - - - - - - - - - - - - 500 meg

Lipoic Acid - - - - - - - - - - - - 200 mg

1\UNERALS (preferabl) cbelated)

Magnesium - - - - - I000 mg

Manganese - - - - - - - 50 mg

Selenium - - - - - - - 200 meg

Potassium - - - - - - - 20 mg

Chromium - - - - - - 400 meg

Zinc - - - - - - - - - - - 15 mg

Iodine - - - - - - - - - - .2 mg

MaxEPA (fish oils)-- 3 caps *I* day

DIGESTIVE El\ZYMES (complete)

With meals and between meals for cancer

****

FOODS A..c'W FOOD SUPPLEMENTS

ALGAE, SPIRULINA

There are basically two forms of algae. One is from the sea and the other comes from freshwater Jakes and brackish water. Approximately fifteen years ago, Spirulina became popular *as* an 98

agent to losing weight, when included in a diet. In 1982 I did the world's first double-blind study on the use of Spirulina in a diet program. It proved to be effective. In the course of preparing for this study, I reviewed a large volume of literature that had been printed about spirulina. Most notable, was a World Health Organization report which outlined the composition of this algae and stated that it was the world's richest source of plant protein. Its very unusual amino acid composition is exceptional, not only amongst plants, but animal tissue also. It bas been recommended by WHO

as the most likely solution, as a source of protein, for the world's hungry.

Wide varieties exist and are often divided by their color, i.e.

blue algae, blue-green algae, and brown algae. They uniformly are rich sources of beta-carotene, which is noted for its anti-oxidant activity, and, therefore, provides for their ability to inhibit cancer growth.

CHLORELLA

Cblorella bas been investigated more than any other algae. F.

Konishi, S. Matsueda, N. A. Firsova and Y. Miyazawa have all written scientific papers on the anti-tumor activity of chlorella, particularly in breast cancer and leukemia. J. Schwartz and G.

Shklar utilized Spirulina and Dunaliella in their experiments on hamsters and demonstrated truly remarkable anti-cancer activity.

BUGULA

Bugula neretina, an ocean invertebrate, is a plant-like species, which grows under water. It contains bryostatins which have been shown to stimulate immunity. Leukemia in mice and in humans bas been effectively inhibited by this chemical (R. Eckert, *Exp Clin Endocrinol,* 1990, N. Lilley, *Cancer Research,* 1990, and R. J.

Jones, *Blood,* 1990).

GARLIC

Eat lots of fresh garlic and take supplemental capsules. It is an incredible antibiotic and anti-cancer food. Try to get the equivalent of 12,000 mgm of garlic daily (Allin- 20,000 meg, Allicin Yield

- 3,000 meg, Sulphur- 16,000 meg).

BEE POLLEN

It has been demonstrated that bee pollen is a complete source of nutrition for humans. One of the reasons you have not heard much about it, is because it cannot be synthesized and, therefore, does not get the usual publicity that is given to food substances, supplements and drugs that can be manufactured. Investigators have indicated that there is a special property to pollen that is collected by bees rather than pollen that is collected mechanically from plants.

N. V.Tsitsin, of Russia, in studying the life habits of individuals of the Caucasus region that lived 125 years or more, found that they ate pure bee pollen from the bee hives, as one of their food staples.

The effect on longevity was confirmed by N. P. Yoirich of the Soviet Academy. Other scientists in the former Soviet Union, Yugoslavia, and France support these findings.

If you decide to add bee pollen to your diet, make sure that you are using bee pollen or royal jelly and not flower pollen. W.Robinson reported that bee pollen contained an anti-carcinogenic substance which slowed the growth of breast tumors *(Joumal of the National Cancer Institute,* 1948).

P. Hernuss of the University of Indiana, advocated the use of bee pollen during radiation therapy for cancer, as *it* decreased many of the severe side effects. The source of bee pollen is very important for the pollen to be fully enzymatically active. There are very few places in the world where the flowers are free of fertilizers and insecticides. It is also important that the pollen has not been processed or treated with dangerous chemicals. Excessive heating destroys many of the active ingredients.

BIOFLAVONOIDS

BioOavonoids are a complex of substances such as hesperidin and rutin. The primary source is in the white pulp of citrus fruits and is also found in apricots, plums, grapes, blackberries, etc. In medicine it has been recognized for many decades that bioflavonoids are responsible for maintaining the integrity of small blood vessels.

When an individual develops black and blue marks easily, the use of bioflavonoids quickly remeclies the problem. Toxic copper is also removed from the body by bionavonoids.

Quercetin, which is another bioflavonoid, was shown by M.

Yoshida et al. to inhibit the growth of human cancer cells.

CABBAGE (INDOLES)

Since ancient times, cabbage has been eaten for its therapeutic effects. There is no question that this vegetable, along with others of the cruciferous species, i.e. Brussels sprouts, cauliflower and broccoli, contain indoles. Indoles have been shown experimentally to be effective in the prevention of breast, stomach and colon cancer. It is also protective against radiation (P. N. Albert, J.

Ethnopharmacol. 1983; G. S. Stoewsand,l988; andJ.J. Michnovicz, *J. Nat/. Cancer Inst.* 1990). Broccoli, kale, cauliflower and Brussels sprouts contain another substance, sulphoraphane, which ex-hibits very strong anti-cancer effects. U. Zhang, et al., and H. J.

Prochaska, presented this information to the proceedings of the National Academy of Sciences (U.S.A.) 1992. Expert opinion is ovenvhelming toward inclusion in the family diet.

DHEA (DEHYDROEPIANDROSTERONE)

DHEA is classified as a hormone and is the second most abundant steroid produced in the body. Cholesterol is the most abundant. It is secreted by the adrenal glands and very little is known about its function. The production of DHEA declines markedly with age to a level of 5% in the very old when compared to the young.

In 1981, A. G. Schwartz in an article in Nutrition and Cancer explained in detail the complicated role DHEA played in inhibiting the development of cancer. He noted that cancer causing substances (carcinogens) required metabolic activation by oxidative enzymes to cause cancer. DHEA inhibits this process by lowering the levels of these oxidases. The decline in DHEA production parallels a rise in the incidence of cancer, obesity and heart disease.

FATTY ACIDS FROM FISH OILS

Many studies have established that the high intake of fish oil is related to a low incidence of cancers of the breast, colon and pancreas. The Omega-3 group of fatty acids are the main com-101

pounds of fish oil. Their role as a treatment in arthritis and heart disease is becoming more widely accepted. Obtainable at health food stores and pharmacies everywhere.

FATTY ACIDS

FROM VEGETABLE SOURCES

There are vegetable sources of the Omega-3 fatty acids and they include the herb purslane. The importance of the role of the essential fatty acids began 1SO years ago, with the work of Professor B. J. van Liebig. Many scientists have published literally thousands of papers on this subject and in 1920, the Nobel prize in Physiology and Medicine was won by Dr. Otto Meyerhof, who demonstrated the role of linoleic acid and sulphur proteins in the oxygenation of tissue.In the eleven years that followed, two more Nobel prizes were won by Albert Szent-Gyorgy and Dr. Otto Warburg in 1931. Both related to the role of fatty acids, oxygenation of tissue and the development of cancer. Butter and cream contain trace amounts of fatty acids. Linseed oil and cottage cheese, however, contain far greater amounts and are certainly a more beneficial way of securing these important food substances.

EVENING PRIMROSE OIL

Evening Primrose oil is an excellent source of gammalinolenic acid (GLA). Elsewhere in this book the roll of this fatty acid is discussed at length in relation to linseed oil, another excellent source of fatty acids. Evidence exists that GLA can normalize malignant cells and even reverse their growth.The work of David F. Horrobin *(Medical Hypotheses,* 1980) is supported by researchers, C van der Merwe, F. Fujiwara, N. Dippenaar, Y. Haiashi, M.

E. Begin, S. Ikushima, W. P. Leary, J. H. Botha, J. Booyens, L.

Koenig, U. N. Das, N. S. Gardener, J. R. Duncan and C. S.

Cunnane.The papers produced by these various investigators show that GLA is effective against bladder cancer, melanomas , breast, lung, prostate and nerve tissue cancers.

FIBER

In the 1960's Denis Burkitt studied the effect of the fiber-rich diet of Africans on the very low incidence of colon cancer. In 1978, 102

he published a landmark article in the *American Journal of Clinical Nutrition* which indicated the important roll of fiber in the prevention of colon cancer. With the increase of commercially produced low fiber foods, lhe incidence of colon cancer has increased from rare to common. The ad\·ice given by physicians, who advocated dietary measures in the prevention and treatment of ctisease, was, for many years, looked upon as quackery. Dr. Burkitt, who was extremely famom,, could not be ignored.

Fiber works through the following pathways:

1. Absorption and elimination of carcinogenic substances (S. A. Bingham, *Proc Nutr Soc.,* 1990).

2. Facilitation and elimination of excess estrogen (D. J. Pusateri, *American Journal of Clinical Nutrition,* 1990).

3. Conven,ion of bile acids that can damage Df'A (P. Y. Cheha and H. Burnstein, *Nutr. Cancer,* 1990).

Different sources of fiber have different effects. Rice bran was found to stimulate the immune system and, in mice, was effective again5t carcinomas (E. Ito, 1985).

ADDITIONAL HERBS

(for Monilia, Thrush, Candida)

Berberis vulgaris - made inw a tea.

Ecchinacea.

Goldenseal *(Hydrastis canadensis)* as a tea or capsules.

OTHER SUPPLEI\1ENTS

Dimethylglycine - enhances cellular and humoral mediated immu ne responses. 50 mgm 3 times a day.

Caprylic Acitl - useful in the treatment of Monilia infections (Candida, Thrush) - 1 gm with meals.

Lactobacillus acidophilus - effective in Candida.

Pau D'Arco Tea - for all infections.

There were several other supplements I would usually recommend; however, the FDA found out that they were effective in treating disease, so they took them off the market (amino acids and vitamins are next!). Now you will have to pay a doctor in order to get a prescription for them. The problem is that most doctors are not even aware of them, and in spite of their ignorance, their arrogance will take over and they will proclaim anything other than their dangerous drugs as useless.

Find a "holistic" or "alternative" physician! The American College of Advanced Medicine bas a listing of hundreds of well-infonned doctors. They include in their practices therapies that are an effective alternative to the dangerous and often ineffective techniques and drugs of the establishment They are very knowledgeable and use many standard therap1es that are truly safe and effective. Their enlightenment provides them w1lh an armamen-tarium far more extensive, varied and effectiVe than that provided by the clones of the establishment.

A VERY IMPORTANT WORD

ABOUT OZONE

In Lhe very next section, under medical therapies. I discuss ozone therapy. I make mention of it here because the FDA is currently using their gestapo tactics to remove o.tone equipment from doctor's offices. This is in direct violation to the mandates of the U.S. Congress and the "grandfather" clause. Therefore, T.V.

ozone can only be obtained from a few physic1an' whose dedication and bravery are exemplary. However, this exceptionally safe therapy can be accomplished with a little ingenuity and a little help from a friend. After you have read the next section, return and re-read the paragraphs that follow.

HOME OZONE AD|\UNISTRATION

If you obtain a quality ozone water purification unit (see resources) that is capable of putting out 30-50 meg of ozone per 104

****

milliliter (70 gm productive capacity) you can obtain an excellent therapeutic effect (see resource section at the end of this book).

PRACTICAL TECHNIQUES

Vaginal or rectal insufflation

Ozone concentration of 30-50 mcg/ml instilled by continuous flow through a bubble bottle (to moisturize the ozone) for 4-5

minutes using a soft plastic disposable urinary catheter. Next to I.V. administration this *is* the most efficient way of getting ozone into the body.

Whirlpool bath and shower

Ozone can be piped into a filter shower head or a portable whirlpool unit that fits over the edge of the bathtub. The oxygen content of the blood can be elevated 300% in 15 minutes.

Drinking water

Bubbling ozone into your reverse osmosis water for 10 seconds, just prior to drinking it, is one other way of boosting the body's ability to achieve optimal health.

****

IMPORTANT DON'TS

Don't take drugs!

Keep medications to a minimum.

The facts cited throughout this paper have given you enough reasons why! Unless you want to get AIDS.For example, salicylates and aspirin change hemoglobin so it does not carry oxygen.

****

Don't use alcohol, it's a drug!

****

Don't use tobacco, it's a drug!

****

****

DEADLY DECEPTION

Don't have many sex partners (to a,·oid VD). Use condoms to avoid unwanted pregnancies and

venereal diseases. But, by all means -have sex.

Sex does not cause or transmit AIDS. However, it can transmit many diseases v.hicb, when repeatedly treated wilb antibiotics, can result in immune suppre sion.

increases the odds of contracting sexually related diseases. lf you do get syphilis, make sure you are treated with an appropriate antibiotic that crosses the blood-brain barrier. Avoid bcnzathlne penicillin. it doesn't!

Sex with love IS a great combination, and it is Nature's finest tranquilizer-it beats Valium every Lime!Most people prefer an exclusive relationship; besides-it's afer!But, that's your own business.

**********t****

Don't get involved in any stress that you can avoid!

Seek emotional support from friends, groups, professionally and religiously. Learn relaxing techniques and find one that works for you.

****

DON'T HIBERNATE, GET OUT AND LIVE.

LOVE AND HAVE FUN!

THERE IS NO SCIENTIF1C EVIDENCE

THAT SEX TRANSI\IITS AIDS!

Avoid radiation of all types as much as possible This includes x-rays, high tension wires. microwave, any high frequency device, even portable cellular phones are suspect.

106

A void inhaling anything other than clean air Avoid insecticides. aromatic sprays, volatile oils, gases, cleaning fluids and any artificial additive or colonng.

****

EFFECTIVE AND SAFE MEDICAL THERAPIES

BUT FIRST!REMEMBER, BE\VARE

OF AZT!IT CAUSES AIDS

But first! Remember, beware of AZT!

It is becoming the #1 cause of AIDS

But don't take my word for it:

Read the package insert. Then ask:

1. How long do I have if I don't take it?

2. How long do I have ifI do take it?

3. What are all the side effects (unwanted direct effects)? and get them in writing!

And then if you still want to treat an innocent virus and die -

take it!

These are therapies that physicians around the world report as clinically advantageous.

CHELATION THERAPY

What is chelation?

Chelation therapy is probably the most significant medical discovery of this century. The benefits derived exceed that of any other single modality and extend to almost every disease known to medicine. The word chelate (pronounced key-late) is derived from the Greek "chele" meaning "claw". Crabs and lobsters are chelates.

In biochemistry, a chelating agent is one that grasps metals such as calcium, magnesium, potassium, deadly mercury and lead , and carries them out of the body without entering the body chemistry.

DEADLY DECEPTION

The chemical ethylene diamine tetra-acetic acid (EDTA) was first synthesized in Germany in the late 1930's for use in industry and reported in 1952 as a treatment for lead poisoning. It remains the treatment of choice for heavy metal poisoning throughout the world. Chelation is one of the most important natural processes in nature. It makes possible the utilization of inorganic minerals by plants and animals (that includes humans). Everyone is familiar with at least two chelating agents, chlorophyll and hemoglobin, but they were probably never identified as such when you learned about them in school.

****

HOW DOES CHELATION WORK?

Chelation promotes health by correcting the underlying cause of arterial blockage. Oxygen-free radicals arc increased by the presence of metallic elements in the body. They are damaging to tissue because they act as a chronic irritant to blood vessel walls and cell membranes. EDTA removes those metallic irritants, allowing leaking and damaged cell walls to heal. This markedly improves oxygen delivery to the cell and the elimination of

the waste products of metabolism from the cell. The plaques lining the walls of the arteries shrink and smooth over, thus allowing more blood to circulate. The blood vessel wal1s regain their elasticity and respond to changes in pressure more readHy. Thousands of studies bear witness to the ability of EDTA to increase blood flow significantly. Thus chelation is of great benefit in several ways: 1. Improves circulation, which;

2. Delivers oxygen to the cells, which; 3. Removes poisonous compounds, which;

4. Improves cell membrane transfer of nutrients and waste, which;

5. Allows for better mobilization and implementation of all defensive protective mechanisms, offensive weapons against 108

****

disease and reparative processes necessary for healing to take place.

WHAT IS CHELATION USED FOR?

The most important use of chelation has been in the treatment of atherosclerosis and arteriosclerosis. By chelating out the calcium-cholesterol plaques that occlude arterial walls, EDTA, administered intravenously, markedly improves circulation to every part of the body including the heart and the brain. We have all been exposed to metaUic poison most of our lives. Mercury, lead and cadmium arc the most deadly. All metals can be toxic if present in excessive amounts, or if they have been deposited where they don't belong. Compounds are foCQled that interfere with normal metabolism and promote the formation of destructive tissue changes. It immediately becomes apparent that chelation has to be beneficial in any disease in which tmproved circulation and the elimination of toxic substances aid m the body's ability to heal itself. Virtually every disease IS in that category, without exception. Chelation has improved heart disease. stroke, high blood pressure, arthritis, Parkinson's and Al:. heimer's

reduction in the occurrence of cancer in individuals who have received EDTA. Chelation has been reported to improve asthma, emphysema, brain

function, muscular coordination, multiple sclerosis and impotence, It also slows down the aging process by preventing free radical damage and...

ThiPROVES THE ThiWIUNE

SYSTEl\I RESPO SE

HAS CHELATIOBEEN FULLY TESTED

A "D

More than 500,000 patients have received chelation therapy in the United States alone. It has been primarily used in coronary artery disease and peripheral occlusive vascular disease. The ability of chelation to safely improve serious hearl and circulatory problems has consistently been reported in the 90% range. The 109

safety record for its use has been exceptional. More than 30 million treatments have been administered without a single serious complication, except in rare instances when the standard rules of procedure are not followed and the patient is not properly evaluated. Not one single death has been directly caused by chelation therapy when administered by a properly trained physician. Compare that with the 5%-6% death rate from bypass surgery, which does not even extend life expectancy. Today there are over 1000 scientific papers that support the many biochemical actions of EDTA, and over two dozen clinical papers, including double-blind studies, which support the incredible medkal benefits to patients in a wide variety of conditions.There have been only two papers which have criticized the use of EDTA. These papers are based on opinion or apply to techniques which have been obsolete for decades. They come from physicians who have a vested interest in catheterization and surgery.

****

IS CHELATION JUST EDTA?

In addition to EDTA, the intravenous infusions contain from five to twenty other ingredients designed to replace the good minerals which may be removed with the bad. Substantial amounts of vitamin C and other vitamins are included as well as blood thinners and other substances which safely enhance EDTA. Any intelligent therapy involves change in life-style and diet. Chelation is no exception! EDTA can be used in combination with almost any other therapy. It is always important for the physician to know everything the patient is taking. Chelation often eliminates the need or reduces the dosage of the medicines a patient may be taking.

****

CAN ANYBODY TAKE CHELATION?

The only major contraindication to chelation therapy is kidney failure. Even then it may be possible to use it, if administered in reduced dosage, with careful monitoring.

****

HOW DO I KNOW IF I NEED CHELATION?

If you are from this planet you probably need it! However, chelation is most likely imperative if you are short of breath, have chest pain, leg pain while walking, transient or progressive loss of vision or memory, paralysis, poor circulation, gangrene, diabetes, or any djsease for that matter. For all of these symptoms or conditions, and even if you have had by-pass surgery and would like to avoid one, two, or three more death-defying leaps into the operat-ing room, see a physician that does chelation immediately!It is legal in many states in the U.S.for use in cardiovascular disease and even cancer. Although chelation therapy is recognized worldwide for mercury and lead poisoning, its usc in cancer and other degenerative diseases places the administering physician under great risk of harassment and loss of license.

IS CHELATION USEFUL IN CANCER?

Many clinks in Europe, Mexico and South America, use chelation in the treatment of cancer. Simple logic dictates that any therapy that improves the general circulation is likely to be useful in the treatment of any disease, particularly in cancer. This is not to imply that it has a direct effect on cancer cells. Walter Blumer, M.D. and Elmer M. Cranton, M.D., in the *Journal of Advancement In Medicine,* Volume 2, 1989 presented an 18-year follow-up study on 59 patients that had been treated with calci urn-EDTA (chelation). The study evaluated the incidence of mortality from cancer.

They reported that only one of the 59 patients died of cancer during this period. This represented only 1.7%. A control group of 172

individuals from the same area was evaluated and the incidence of cancer was *1* 7.6% (30 out of 172 persons died of cancer). This is a 90% reduction in cancer mortality for the chelation-treated group.

A careful statistical analysis failed to reveal any other factors which were different between the two groups -

chelation was the

only difference!I think it is safe to say that anything that prevents, is likely to help improvement.

Remember that the incidence of the cancers that occur in immune deficiencies can actually be predicted on the basis of Ill

the type of drugs used or the exposure to other chemicals, radiation and malnutrition.

****

WHAT IS THE COST?

Chelation usually costs $2,000 to $6,000 for 20 to 40 treatments. Every ceJJ and every artery in the body is safely benefited, while in by-pass surgery less than one inch of an artery is removed at mortal risk. By-pass surgery is

usually more than $40,000, does nothing for the rest of your body and does not extend your life. I think we are all worth the price of a used car!

****

CHELATION PROTOCOL

The first protocol outlined is the basic protocol recommended by The American CoUege of Advanced Medicine.

1. Sterile H 0,

2

Ringer's Lactate, saline, or 5% glucose

solution - 1,000 cc

2. EDTA (ethylene diamine tetra-acetic acid) - 3 gm (range of 50 mglkg of body wt. - max. 5gm)

3. Magnesium - 3 rn1 of 50% MgS04

4. Procaine or Lidocaine (2%)- *5* to 10 cc (max. 20 cc)

- procaine is preferable but more allergenic) 5. Heparin - 1 ,000 to 5,000 units (not to be used if patient is already anticoagulated)

6. Ascorbate - 4 gm to 20 gm of Vitamin C

7. Potassium- 10 mEq to 20 mEq of KCl (5-10 cc) 8. Hydrochloric Acid - 20 to 40 mg HCl (2-5 cc) 9. Pyridoxine- 100 mg to 300 mg (1-3 cc)

10. Dexpanthenol - 250 mg to 750 mg (l-3 cc) Supplemen-tary I.V. (given as a "piggy-back" drip during the last 20 cc of the tandard

II. Ascorbate - *5* cc

12. Dexpanthenol - 1-3 cc

13. Pyrodoxine - 1 cc

14. Vitamin B 12 - 1 cc

15. Niacinamide - 1 cc

16. B-complex - 2-5 cc

17. Trace Minerals - 1 cc

NOTE:

Variations of the ingredients other than EDTA are used depending upon the condition being treated and the coexisting diseases of the patient. This is why special training is required, and a physician who is a member of the American College of Advanced Medicine (open to physicians of all countries) is recommended.

Thirty iotra"enous infusions are strongly recommended to accomplish detoxification and improve circulatory function and cell respiration.

**********.**

INTRAVENOUS VITA fiN

as tolerated with multivitamins added (these are usually included in chelation):

B-complex "100" - 6 cc

cyanocobalamin - 10 mgm

folic acid - 25 mgm

pantothenic acid - 1.5 gm

pyridoxine - 1 gm

in 250 cc of sterile water.

****

INTRAVENOUS MINERAL DRIP containing:

calcium ethanolaminophosphate 400 mgm (Ca-EAP) IV push, then:

magnesium sulfate- 15 gms

manganese - 2 mgm

potassium - 40 mEq

selenium - 1.4 mgm

chromium - 80 meg

in 250 cc of sterile water.

****

OZONE(OJ)

"Breath of God" (ancient Hebrew)

CANCER CELLS CANNOT SURVIVE IN

AN OXYGEN RICH ENVIRONMENT!

"The prime cause of cancer is the replacement of nonnal oxygen respiration of body cells by an anaerobic (lacking in oxygen) cell respiration."

Dr. Otto Warburg, twice a Nobel Laureate

Note: the use of ozone therapy in the treatment of cancer or any other disease is unproven and not recognized by the FDA or the medical profession in the United States. This chapter presents information about its history and how it is being used by thousands of practitioners throughout the world. It is presented for informa-tional purposes only.

ABOUT OZONE

The discovery and naming of ozone is attributed to Christian Friedrich Schonbein in 1840. Its value in medicine was debated for 114

many decades and references to its use were sporadic. Dr. Albert Wolf, a German physician wrote in 1915, "As regards the medical usability of ozone, the viewpoint of experimental science may be considered as betng in direct opposition to the practical experiences gained by industry:' He used ozone successfully in the treatment of decubitus ulcers. During the First \World War (1915) ozone gas was used to help the healing of serious wounds. Ozone bas been used to purify the drinking water of major cities since 190I. The first was Vienna and the most recent is Los Angeles.It docs not give water the disagreeable taste that chlorine does. Although many authorities refer to *it* as poisonous and a hazard to life, Iike anything else on this planet, if used properly it is beneficial -

in fact, life would become extinct without ozone in our atmosphere.

The breathing of inappropriate concentrations is indeed harmful to the lungs, but in proper concentrations tt purifies the air we breathe.

Home and industrial ozonators are used to purify the air throughout the world (including the United States), and yet, comments are being made publicly by authoritative figures that ozone is poisonous and a hazard to life. *This is* indeed true if, as in the case of any substance on thi!) earth, it is used in unsafe amounts. Statements of this nature are unjustified and fraudulent when they are intended to misinform or alarm the public in a way that would indicate that ozone is unsafe under any circumstances.

Ozone is created by the action of ultraviolet light or a strong electrical field on oxygen atoms. The result is the forcing together of 3 atoms into unstable groups (03) that rather quickly break down into the usual oxygen molecule *(02)* . Ozone is lethal to almost all viruses, bacteria, fungus and cancer cells. The scientific literature is replete with articles proving these facts.

Ozone is formed in our atmosphere naturally by the effect of lightning on oxygen. It is that wonderful sweet smell that you can detect after a summer storm. It is nature's method of cleansing our atmosphere of contamination.The poisonous ozone levels reported effecting our cities differ dramatically in that they represent the combinmg of the extensive, overwhelming pollution with ozone insufficient to do the job. If you wonder why cancer rates have tripled in the last 20 years, consider this startling fact: Oxygen represented 36% or the nir we breathed 200 years ago. Today it is only 19%!

In 1931, Dr. Otto Warburg was awarded the Nobel Prize in biochemistry. Dr. Warburg demonstrated that the metabolism of a cancer cell was like that of a plant cell, which thrives on carbon dioxide and gives off oxygen as its waste product. It actually represents the process of fermentation. We are composed of animal cells, and oxygen is essential for our assimilation of nutrients and the detoxification and elimination of waste products. When ozone is introduced into the bloodstream. it is converted into oxygen, hydroxyperoxides and other beneficial free-radical scavengers which actually seek out and destroy diseased cells.

Nearly 50 years later, the prestigious journal *Science,* Vol. 209, 22 August 1980, published a paper entitled: "Ozone Selectively Inhibits Growth of

Human Cancer Cells".This paper dealt with the exposure of human lung, breast and uterine cancer tissue to ozone at concentrations of 0.3 to 0.8 parts per million, well within the non-toxic limits (OSHA standards). More than 1,000 parts per million can be tolerated safely during the average ten-minute period that medically-administered ozone takes; and concentrations far less than those are used. During the experience, normal human cells were not effected at these levels. The modem development of ozone application in medicine began in the 1950's in Europe, and its use gradually spread throughout Europe to Australia, Israel and Brazil.

Intra-venous ozone gas is extremely safe and effective against aU infections. The earliest evidence that I could locate of its recommendation as therapy in the United States, appeared in an 1885

issue of the *Journal of the Dade County Medical Association.* In spite of this and many other references prior to 1920, the FDA has illegally raided and confiscated ozone generators from the offices of advanced (alternative) physicians.

Ozone is classified as a toxic gas if inhaled in large quantities.

However, it is not toxic when injected into the body by intra-arterial injections, I.V., intramuscularly, subcutaneously or by vaginal or rectal insufflation. Ozone has no side effects when administered, using these methods, in the proper quantities and concentrations. It does not adversely effect healthy celJs of any type under those conditions.

It is obvious why it is lethal to cancer cells. The cancer (plant) cell is being given its toxic waste product, while our nonnal cells are being given their essentials for life. Individuals receiving ozone 116

for the first time are usually apprehensive. II is scary to have "air"

injected into their verns. They have images of dying from an air embolus. Almost everyone seems to recollect a murder mystery in which the villain killed hls victim that way in the hopes of committing the perfect crime. It will never happen m real life because: 1. Nitrogen would have to be present

in order to cause a toxic reaction; and therapeutically only pure medical grade oxygen is used.

2. It would take at least 50 cc of gas given within 2 to 3

seconds. That could only be accomplished with a very large bore 18 gauge needle. The procedure is done with a tiny 25

gauge needle. Death could only occur intentionally. never accidentally.

Specific therapeutic applications of ozone include the treatment of circulatory problems, decubitus ulcers, some forms of cancer (sttll under mvestigation as to how many), AIDS, viral diseases, wounds, scars, bums, gangrene, and liver disease including hepatitis. Ozone is the only substance known which acts as a virucide, bactericide, fungicide, protozoacide and cancericidal.

Over 1 000 medical papers exist in the world medical literature attesting to its ei'ficacy in the treatment of disease in many Lens of thousands of patients. Typically it has been ignored in America because it can't be patented. Therefore il is not profitable for the pharmaceutical industry to spend the millions of dollars necessary to prove its effectiveness by FDA standards. It would reap scorn and outrage of incredible proportions if the truth were known. The pharmaceutical industry and the FDA confuse and distort the role of ozone in our ecosystem and suppre !) 1ts use therapeutically (even though, under law, it should be "grandfathered in").

In addition ro the many articles on the use of ozone in medicine, there are medical texts such as *The Use of Ozone in Medicine* by Prof. Siegfried R1Lling, M.D. and Renate Viebahn, Ph.D., and medical organizations in the major industrial nations of the world dedicated to the education and instruction of its use.

A World of Ozone Conference has been held frequently since the early 1970's. The most recent held in San Francisco (1993), was attended by hundreds of doctors from many countries. Russia 117

sent seven scientists to present paper on the applications of ozone.

In no other science does it take as long as it does m medicine for discovery to be accepted. The use of deep freeztng techniques took over 80 years and television over 30 years, but in medicine, where human life is at stake, it can take 150 years, and maybe never, if there is no profit to be made. Fortunately for mankmd, there are still countries where investigation into non-drug, non-patentable, non-toxic and inexpensive therapies are still being carried out.

The *Proceedings of tlze World Ozone Conferences* have documented and published [he techniques and dosages of ozone for its beneficial use in the following condiUons:

Cancer (Carcinoma)

Spastic Colon

Proctitis

Osteomyelitis

Acne

Varicosities

Bladder Fistula

Wounds, Ulcers

Chronic Cystitis

Radiation bums

Phlebitises

Coli Infections

Ulcerative Colitis

Mucous Colltis

Anal Eczema

Colitis

Parkinson's

Arthritis

Chronic Hepatitis

Hemorrhoid

Arterial Thrombosis

lntrarectal insufflation is excellent for diarrhea and candidiasis (in women intravaginal insuffiation is also effective), and it is applied in this manner when intravenous administration is imprac-tical or unavailable.

As long as the lobbyists and influence peddler'> for the pharmaceutical industry and the \1A

tatives that an}'lhing outside of the mainstream of medicine is either useless, fraudulent or dangerous, many afe, non-toxic and effective therapies will be denied to the pubhc. Our representatives must be made aware that although safety is not usually the problem; proof of efficacy by the double-blind standard is economically prohibitive. In those instances where such proof has been offered, fraudulent tactics by the opposition have resulted in hlocking the use of some incredible therapies (see the chapters on amygdalm and chelation). If you want to know what benefits ozone bestows in disease, ask the doctors and patients who have used it -but, of course, that's anecdotal!

THE IMPORTANCE OF OXYGEN

Virtually every patient's room in a modem hospital is equipped for the adrninlstration of oxygen. Certainly, an emergency room cannot be without one because it is required by law. Deep breathing exercises are prescribed for patients with lung problems and for individuals recovering from surgery. The narrow use of these techniques are mdeed unfortunate. They should be routine for all patients. The local gymnasiums and health spas routinely employ the proper use of deep breathing exercises. The average person takes their respiration for granted. There are large religious cults who incorporate consciousness of breathing as an important ritual of their beliefs. Indians refer to "Prana" as a wonderful substance that God has provided for a healthy life. Certainly, Prana is oxygen, or possibly even ozone. Both aptly fit their description. Obviously, deep breathing exercises carry greater importance today, because of the lowered concentration in our atmosphere, than ever before.

The effect of gradual oxygen deprivation on metabolism is devastating and leads to an inadequate processing of the toxic wastes that our bodies are constantly producing. One of the consequences of lowered oxygen concentration is the elevation of uric acid in the body. This one compound alone, is implicated in a wide variety of metabolic problems.

The most common disease associated with a uric acid disorder is gout and it is primarily due to an inability to process meat protein. However, the far reaching effects on almost every system of the body gives us an indication of the widespread effect that a low-grade increase can have. The formation of stones in the kidneys and gallbladder, the blocking of circulation and the destruction of joints by the formation of crystals are just a few of the problems that arise. There are literally hundreds of known biochemical reactions in the body that utilize oxygen. There are probably many thousands more waiting to be discovered. Acute deprivation of oxygen leads to a rapid death; we are simply getting there more slowly. The importance of oxidative processes is discussed more fully elsewhere, but the relationship with the development and progress of cancer is no longer in doubt. The use of ozone appears to go beyond the benefit of oxygen in the treatment of 119

disease. The production of electromagnetic energy at the molecular level, as the ozone molecule disassociates into oxygen, undoubtedly plays a role in its usefulness in therapy. 1 wi1J list just a few of the proven effects of ozone.

OZONE ACTIONS

1 . Ozone activates the enzymes involved in peroxide or oxygen "free radical" destruction, i.e. Glutathione, catalase, S.O.D.

2. Accelerates glycolysis (breakdown of glycogen) in RBCs resulting in:

a. Increasing the release of 02 from the hemoglobin in the blood to the tissues.

b. Enhancing formation of acetyl coenzyme a which is vital in metabolic detoxification.

c. Influencing the mitochondrial transport system which enhances the metabolism of all cells and safeguards against mutagenic changes.

d. Increasing red blood cell pliability, blood fluidity and arterial p02 (oxygen content) and a decrease in Rouleaux formation (clumping) which interferes with the normal functioning of red blood cell metabolism.

3. Increases leukocytosis (production of white blood cells) and phagocytosis (the manner tn which certain white blood cells destroy foreign matter). Both processes are part of the immune defense system.

4. Stimulates the reticula - endothelial system, the rebuilding of tissue.

5. Strong germicide -

inactivates entcroviruscs' coliform

bacteria *Staphylococcus aureus, Aeromona hydrophilia.*

6. Disrupts the cell envelope of many pathogenic organisms which arc composed of phospholipids, peptidoglycans and polysaccharides.

7. Opens the circular plasmid DNA which lessens bacterial proliferation.

8. Fungicidal, inhibits candida cell growth.

9. Low doses **stimulate** the immune system 10. **High** doses **inhibit** the immune system 11. Limit dose to 3000 ug.

References: The information for this chapter is culled from the hundreds of papers presented at the World Conferences on Ozone.

The scarcity of information available in the major medical journals is testimony to the power of the pharmaceutical industry. With good reason, they have established a wall of silence and the dissemination of falsehoods around the use of ozone. They have an entire market of antibiotics at stake. There is no evidence that anyone has died from ozone therapy, and my conversations with practitioners in several countries, including the United States, confirms the remarkable results that I

observe . d first-hand in my own

practice.

****

DINITROCIU-OROBENZENE (DNCB)

This photochemical has been used for HIV disease for 8 years.

R. B. Stricker and B. F. Elswood reported on the successful use of DNCB in the *Journal of The American Academy of Dermatology,* 1993,28:796-7. Weekly topical application (costing approximately $1.00 per month) appears significantly effective in modulating the immune system, increase in CD8 T-cells, antiviral and anticancer activity. It is notably lacking in side effects, cannot be patented and therefore testing on a large scale is unlikely. It is available from: DNCB Hotline (415) 954-8896

DNCB Treatment Issues

2261 Market Street #449

San Francisco, CA 94114

Healing Alternatives Foundation

1748 Market Street

San Francisco, CA 94102

(415) 626-4053 or 2316

121

DEADLY DECEPTION

E ERLEIN

These remarkable formulas of biological and homeopathic preparations are used in Europe and are the product of the work of one of the truly great unrecognized medical geniuses of this century. It is a therapy based on the "theory" of the pleomorphism of bacteria.

This position is held by thousands of our best scientists, and thousands of papers have been written about it. They have been systematically ignored because they shake the foundations of the current allopathic approach of modern medicine and would render the stranglehold of the pharmaceutical industry impotent. I suggest you contact: Sanum-Kehlbeck GmbH and Co KG D-2812 Hoya.

West Germany.

ANTffiiOTICS, ANTIFUNGALS AND ANTIPARASITICS in the already irnmunocompromised individual, may be necessary to combat those diseases already present, but should be used judi-ciously. Try ozone or Enderlein formulas flrst!

****

mentary physicians to good advantage. A physician or herbalist knowledgeable in this area should be consulted .

HERBS

Note:The use of herbs IS not recognized by the FDA or the medical establishment. Many herbs are used by herbalists, naturopaths, and other practitioners in many states. However, they are generally not allowed to make any claims in reference to their use. The information provided in this chapter is for the enlightenment of the reader and is not to be considered as advice or recommendations of a medical nature. It is my personal medical opinion!

The use of herbs and herbal mixtures date back thousands of years. Their use is well documented in the hundreds of books published in the last century alone. If a medical claim is made for them by a company, the FDA usually steps in and confiscates the product. The First Amendment (free speech) allows a book or a 122

periodical to write about their use, but a company cannot provide the same information on the label or in literature in any way associated with the company. Tbis also applies to vitamins, minerals and other supplements. As I write, most herbs are still available in many herbal shops and health food stores.

Physicians of medicine, with a few exceptions, know nothing of the use of herbs in the prevention and treatment of disease. Many aren't even aware that digitalis is an herb. Its use in modem medicine exists only because of the curiosity and diligence of a young physician centuries ago. Pharmaceutical companies produced it and then extracted its "active" ingredients in order to obtain a patent. Tbe reason given, of course, is that they wanted to provide a more potent product and one in \\ hich the dosage could be more accurate!} controlled. This is true onl> in part. The power and toxicity of digitoxin, digoxin, etc., are well known to every physician. Past physicians, dead or no longer in practice, felt more comfortable in the safety of the original dtgitalis leaf. Younger physicians coming into practice

in the 50's had no means for comparison, and were being taught pharmacology with emphasis on the newer preparations in medical school. In practice, the influence of pharmaceutical detail persons (salespersons) from most companies have a significant impact on the busy physician who often foolishly believes that they are truly knowledgeable enough to provide a quick educational summary on the product. This is rarely true. These representatives are frequently misinformed by their companies and instructed to stress the "good" points and leave out the bad.

The record of pharmaceutical companies on drug recalls and claim revisions is witness to the dishonesty of the industry and to the flaws and ill-placed dependency on what is obviously and incorrectly referred to as the "scientific" method of proof. A basic error in the current scientific approach to therapeutics is the belief that the indh idual pans of biological phenomenon can explain the whole phenomena itself. This might indeed be true if we actually: bad all the parts; understood their inter-relationshjp completely, comprehended the synergism involved in the complex inter-reactions and their ultimate effects on the whole; and realized fully the changes occurring constantly because of the effects of time, intensity, thought, emotions and the infinjte kinds of variatjons in the internal and external environment of that whole. Put simply, sci-123

ence today arrogantly and ignorantly fonnulates an indelible, im-movable position which it calls scientific fact and proof, and then is forced to explam failure on the basis of "side-effects, "complications" or the "patient failed to respond".

An incredible example of this tragic folly is the unfolding of the current AIDS scam. Jn this instance, the AIDS hypothesis has named an innocuous virus. that is present C\'erywhere and has been around for centuries (we have become aware of its presence because of new instruments and techniques), the AIDS virus without a single shred of scientific evidence that it causes AIDS or transmits any of the diseases attributed to it The causes of AIDS, as it is now called, have been known for at least sixty years.

So, while modem drugs, which have contributed little good and much harm to patients, are widely used and touted as "wonders", herbs, which have stood the test of time, are largely ignored. It is not my intention *to* write another book on herbs. This chapter will deal only with herbal formulas that are currently considered useful in cancer and immune deficiency diseases. Keep in mind, if you decide to investigate herbs further for this purpose, that herbs which "detoxify" or boost the body's defenses are the ones most likely to be applicable.

There is a concern that imported herbs are exposed to irradiation and gassing by government agencies of some countries which can alter their properties and even render them potentially harmful.

The effects of irradiation or gassing on any food has not been fully investigated and is being challenged by professionals and citizen groups. I have been told that the most reliable sources are local reputable growers. I have chosen *to* mention herb fonnulas that have interesting, but sometimes sparsely documented, histories of use. The information has been gathered from books and individuals, some of whom market the products, and from people who are using them. Because most patients I have talked to have been on therapeutic programs of one form or another, it is impossible to be able to attribute their successes to a spec1fic remedy. I have heard many stories from apparently sincere individuals, who "know people" who have taken one treatment or another, and whose cancers have disappeared and were confirmed by medical examination and tests. It is in this framework that I am presenting a few of the most popular herbal preparations.

Herbs, which are simply plants, have been used throughout recorded history and evidence exists, long before that, for the treatment of disease. Herbal medicine has been practised in every major world civilization. Approximately half of all modem pharmaceuticals are derived from herbs. Animals naturally seek out certain herbs in the self-treatment of disease. This would indicate that man learned from animals and places the beginnings of herbal medicine to a time many millions of years ago. Simple observation of primitive, inexpensive herbal treatments, as compared to the expensive and toxic pharmaceutical derivations, reveals that we would be

far better off to go back in time and avoid the disaster of the modem pharmaceutical industry. It is a classic example of

"paying through the nose" in order to get "shafted".

****

ALOE

The aloe plant has become the source of an incredible number of commercial preparations in the form of creams, lotions, gels and shampoos. The juice of the aloe is being used for cleansing of the colon and intestinal problems.

Toxicity and side effects are relatively rare and not usually severe. Almost every conceivable benefit has been claimed for aloe over the centuries.

Because it is a plant, chemical analysis has revealed a host of substances, one of which has been shown in mice to have anti-leukemic activity (S. N. Kupcban, 1976).

Its anti-cancer activity has been shown to indicate its action is through stimulation of scavenging white blood cells of the immune system (L. Ralamboranto, *Archives of the Pasteur Institute,* 1982).

The many studies done by Russian scientists, have done more to establish a respectable place in modem medicine than any other group of investigators. N.V. Gribel and V. G. Pashinskii, in *Vopr Onkol.* 1986, showed that aloe juice reduced tumor mass and the frequency of metastases in rats.

R. Berkow in the Merck Manual, wrote of aloe's ability to protect individuals with weakened immune systems against infection.

S. Solar, publishing in the Archives of the Pasteur Institute in 1980, showed that aloe could prevent infection in mice, if used several days before

exposure.

J. Y. Brossat and his group, in the same journal the following year, demonstrated that aloe was effective in preventing serious infections from bacteria, parasites and even fungus. These studies give great credence to those individuals who drink aloe on a daily basis, as a protective against disease.

Y.Sato wrote of aloe's protective effect on the skin against X-rays and K. *Saki* demonstrated its protection of the liver, particularly against alcohol. All of this evidence makes aloe a logical choice in health maintenance and, in particular, a cancer preventa-tive because of its obvious protection and benefits to the inununе system.

ASTRAGALUS

Astragalus was known in the Wild, Wild West of America, as the "locoweed".There is no question that astragalus is an extraordinary booster of the immune system and is so recognized by science. In spite of this, if you ask your doctor about it, he would probably think you were talking about asparagus.

D. T. Chu in the *Journal of Clinical Laboratory Immunology,* 1988, demonstrated its use in cancer; and in 1986, J. Jaing showed that astragalus protected the liver of animals against the toxic effects of the common cleaning fluid, carbon tetrachloride. It has also been used to protect the liver in patients receiving chemotherapy (Z. L. Zhang, *Journal of Ethnopharmacology,* 1990).

Naturally, as one might expect, chemicals derived from this inexpensive weed, have been tested successfully in preventing the spread of metastases, of melanoma to the lungs in mice. M. J.

Humphries reported the effect of this chemical "swainsonine" in *Cancer Research* in 1988 and J. W. Dennis confirmed its action in *Cancer Research* in 1990.

S.A. Newton, et al., reported on the protective effects of swainsonine on the bone marrow during chemotherapy. My suggestion is to get "locoweed" and use it until scientists prove that they can do a safer and better job than nature. That means, you will see it when "hell freezes over".

126

1\IISTLETOE

A commercial preparation of fennentcd mistletoe, known as hcador, is \videly marketed in Europe and its use has extended to some degree throughout the world. Most research has been conducted in Gennany. listletoe

ad vacated since the 1920's, as a therapy for cancer. It has been rejected by the American Cancer Society -of course!

It is believed that a lectin labelled ML-1, which is a plant protein, stimulates the immune system by increasing white blood cells, particularly the macrophages and natural killer cells. It also increases thymus activity, thus resulting in an increased immune response (T. Hojto, et al., *Cancer Research,* 1989; and R. Rentea, *Lab Investigations,* 1981).

I·cador has been found effective again!:.tlympboma in mice and in a large stud} mvolving more than 160 patients with advanced lung cancer. These studies not only showed that Iscador stimulated the immune system, it directly destroyed cancer cells and prolonged sun·i\•al time (G. Saker. *Oncology,* 1986).

Ovarian cancer responded three times better to Iscador than to standard chemotherapy mvolving Cytobal (W. Hassauer, et al., *Onknlogie,* 1979). No wonder the Amencan Cancer Society condemned it!

Other studies indicate that Iscador is not effective in kidney cancer and carcinosarcoma. It is important to note that viscumalbum, the European mistletoe, and *PhoradeTidromf/avescens,* the American mistletoe, arc hoth potentially poisonous; therefore, commercially prepared compounds are strongly advised over home made concoctions.

****

GLANDVLAR A 'D 1\ERVE TO IC:

detoxify. It is used as a general tonic and acts as a pain reliever, anti-spasmodic, anti-inflammatory and wound healer with antibiotic propenies.

Formula:

Blue Vervai n *(Verbena hasrata)*

Cayenne *(Capsicum annuum)*

L27

DEADLY DECEPTION

Chamomile Flowers *(Matricaria chamomilla)* Dandelion Root *(Taraxacum officina/e)*

Gentian Root *(Gentiana lutea)*

Goldenseal Root *(Hydrastis canadensis)*

Kelp *(Laminaria, Macrocystis, Ascophyllum)* Saw Palmetto Berries *(Serenoa repens-sabal)* Skullcap, *(Scwellaria lateriflora)*

Wood Betony *(Stachys officina/is, Pedicularis canadensis)* Yellow Dock Root *(Rumex crispus)*

Preparation: 450 mg. blend per capsule

Dosage: 2-3 capsules per day (take with meals)

. **********

CANCER, TOXICITY AND POISONL G:

soning. Contamination of water, air and food. Radiation of all types. In view -of the fact that these are carcinogenic, it is recommended for individuals with cancer and for those who have bad chemotherapy or radiation.

Formula:

Alfalfa *(Medicago sativa)*

Algin (algae and seaweeds)

Apple Pectin

Kelp *(Laminaria, Macrocystis, Ascophyllum)* Preparation: 450 mg. blend per capsule

Dosage: 4 capsules per day (taken with meals) Contraindications: May deplete trace elements, therefore replace

-

particularly zinc and manganese. If diarrhea occurs, reduce dosage and take 112 teaspoon of cornstarch with 2 slippery elm capsules.

****

128

RECOVERY FORMULA: Useful after serious illness or surgery.

Buckthorn Bark *(Rhamnus frangula)*

Burdock Root *(Arctium Lappa)*

Cascara Sagrada Bark *(Rhamnus purshinana)* Chaparral *(Larrea divaricata)*

Kelp *(Laminaria, Macrocystis, Ascophyllum)* Licorice Root *(Glycyrrhiza glabra)*

Oregon Grape Root *(Mahonia aquifolium)*

Prickly Ash Bark *(Zanthoxylum americanum)* Red Clover *(Trifolium pratense)*

Sarsaparilla Root *(Smilax officina/is,*

Smilax aristolochi aceafolia)

Sl.illingia *(Stillingia sylvatica)*

Preparation: 350 mg. blend per capsule

Dosage: 8-10 capsules per day in two to three doses.

Drink plenty of water!

Contraindications: Do not take with prescription drugs, particularly chemotherapy, cortisone or sulfa drugs. If unavoidable, separate by three hours.

****

AYURVEDIC HERBAL MEDICINE

One of my favorite medical writers is Deepak Chopra, M.D. He has written wonderful, popular books on the combining of Indian medical traditions and modern Western science. Majid Ali, M.D., is also to be noted. Various letters and articles appeared in the *Journal of the American Medical Association (JAMA)* in 1991, which were obviously printed because of the impressive content.

When the editors finally woke up to its great popularity and possible impact on their monopoly of allopathic medicine, they tried to detract from the historical intelligence of these writings by attacking it as a "marketing scheme", and even denounced it as a hoax. So much for the integrity and purpose of American medicine's

"banner journal".

Ayurvedic medicine has many principles and techniques in common wi th Chinese medicine and with almost all schools of nat ural thought and practice. The articles in *JAMA* involved a discussion of two herbal compounds, M4 and M5 which were found to effectively reduce the incidence of breast cancer that was chemically induced in laboratory animals. These compounds were also effective in treating breast cancer. Studies done on lung cancer, metastases with M4, were also successful; and a common brain tumor, neuroblastoma, was normalized by M5. These herbal compounds contained antioxidants which explains their anti-carcinogenic activity.

CHAPARRAL

This common shrub of the American South West, *is* usually prepared in the form of a tea. As expected, the pharmaceutical industry is again trying to out-do nature, by exploring the anticancer properties of what they refer to, as the active ingredient, nordihydroguaiaretic acid (NDGA).

Chaparral is commonly referred to as the creosote bush. NDGA was shown by S. Birkenfeld to reduce the occurrence of colon cancer in rats, that were fed a chemical that induced that cancer.

D. K. Shalini demonstrated NDGA's ability to protect genes against carcinogens and published this experiment *in Molecular Cell Biochemistry,* 1990.

The breast cancer preventive effect of NDGA was demonstrated by D. L. McCormick and A.M. Spicer *(Cancer Lett.* 1987).

Leukemia cell cultures were inhibited by NDGA (A.M. Miller, *Journal of Laboratory Clinical Medicine,* 1989) and human brain cancer cell growth were likewise inhibited by NDGA (D. E. Wilson, *Journal of Neurosurgery,* 1989).

Cancer cell inhibition was intensively explored in the doctoral thesis of J. Zemora (Auburn University, 1984).

Regression of the deadly melanoma and treatment of choriocarcinoma and lymphosarcoma have been sited by C. R.

Smart in *Cancer Chemotherapy Reports,* 1969,and *American Cancer Society,* 1971.

D. Vanden Berghe demonstrated the anti-cancer and anti-viral activity of other chaparral extracts, and P. Train wrote of its use as an anti-bacterial.

Naturally, NDGA is toxic to the kidney and can be deadly when combined with some biologicals (D. R. Shasky, *Journal of the American Academy of Dermatology,* 1986; and J. D. Gardner, *Kidney lntemational,* 1987).

Because of a rare case in which signs of liver damage showed up after several months of taking chaparral leaf, M. Katz, in the *Journal of Clinical Gastroenterology,* 1990, warned that "the public and the medical profession must be wary of all 'harmless' non-prescription medications, whether purchased in pharmacies or elsewhere". M. Katz, of course, did not site all the horrendous problems with the synthetic NDGA, of which, I am sure, he approves.

****

ECHINACEA

The most popularized herb recommended for infections and for weakened immune systems. It is easily tolerated and can be taken on a maintenance program for acquired immune deficiencies.

CHINESE HERBAL MEDICINE

Chinese medicine is based upon intensive and patient observation that has been carried out through more than 4,000 years. From these observations, came philosophical concepts that have stood the test of time and are

constantly verified by modem scientific discovery. The Western physician, unaware of the depth of meaning in the Chinese traditional philosophy, looks with disdain at their therapies and perceives them as primitive. The World Health Organization has called for a re-examination of ancient medical traditions and their assimilation into the health systems of each country.This has occurred mostly in Asian countries and in Mexico and Mrica.

The Chinese traditional physicians use a root called Actinidia Its use in inhibiting liver cancer growth and other tumors, was discussed in *Planta Med.,* 1989, by G. Franz.

Chemotherapy has been combined with *Rabdosia rubescens* and has proven to be excellent (R. L. Wang, 1986).

DNA synthesis is inhibited by Baohuside-1, a natural plant extract, and was, therefore, tested against various cancers by S. Y.

Li, *Cancer Lett.,* 1990.

The Chinese have investigated synthetic compounds, similar to extracts from the dried body of the Chinese Blister Beetle (Mylabris).

These compounds were demonstrated to be effective against liver cancer (G. S. Wang, *Journal of Erhno-phannacology,* 1989). The Chinese have been noted for their tradition al teas that are used as tonics.

Golden Book Tea and Six Flavor Tea have proved useful in conjunction with chemotherapy and radiation against lung cancer (X. Y. Liu and N. Q. Ang, 1990).

Y. B. Ji tested the use of Bu Zhong Qi Wan, a pill used to stimulate body energy, along with C)clophosphamide, a chemo-therapeutic agent, and found that it decreased toxicity and enhanced its anti-cancer activity.

****

HERBAL FORMULAS

Herbal mixtures have been formulated to assist the body in situ ations of stress caused by disease. The following formulas can be used as indicated .

ANTI-ANXIETY (calming effect) Formula: When confronted by a serious illness such as cancer, it is completely normal to experience the following emotions; anxiety, fear, despondency and isolation.

Formula:

Black Cohosh Root Passion Aower

Ginger Root

Hops (Oil - humulene, myrcene, B-carophyllene, famescene) Skullcap

Wood Betony

Valerian Root

Preparation: 400 mg. blend per capsule

Dosage: 1-3 capsules, two to four times daily

Contraindications: Usually not taken with prescription medication unless separated by 3 to 4 hours. If sensitive to estrogen, take with caution.

****

SHARK CARTILAGE A!\lJ> APRICOT KERNELS (1 per 10

pounds of body weight daily), is indicated where cancers (Kaposi's sarcoma, leukemia, lymphoma, etc.) are involved. Shark cartilage is best taken rectally.

****

HOMEOPATHIC REMEDIES are often remarkable in their effect and are non-toxic. A professional in homeopathy should be consulted. (see Enderlien FormuJas)

****

THYMUS PREPARATIONS (Thymex and TFZ-Thymomodulin) are potent immunomodulators. They appear to normalize the immune response. Many physicians throughout the world have reported a significant response in restoring the T-cell population (T4

and T8) balance. Improvement in neurological function has been noted in many neurological disorders, including conditions not associated with AIDS. Procaine and procaine combined with polyvinylpyrrolidone (Cell-o-gen) is being used to enhance the response.

****

ELECTROl\IAGNETIC THERAPY, often used along with acupuncture theory, has increased the overall effect of these therapies.

Stimulating the immune enhancing acupuncture points and placing the patient in an electromagnetic field has not only facilitated bone healing (a therapy now approved by the FDA), but has been found efficacious in the treatment of many diseases.

****

PSYCHO-NEURO-IMMUNOLOGICAL THERAPY is rapidly

gaining acceptance as an essential part of therapy in all disease.

Meditation, neurolinguistics, hypnosis and various individual and 133

group therapies are strongly recommended. The BODY, MIND

AND SPIRIT approach is a "complete effort" and nothing less is satisfactory. Majid Ali's program is excellent.

Note: The above therapies are safe and supported by considerable

"anecdotal" evidence (experience). They will not be accepted by establishment medicine until expensive double-blind studies are performed. This is the Jaw, in spite of the fact, that the OTA. (The Office of Technological Assessment) stated in 1978 that more than 80% of the procedures and therapies currently used by the establishment, have never been double-blinded! The use of any therapy that is destructive to the immune system is illogical and criminal even if the law allows it!

U you expect that any physician is going to cure you, it wi11 be your biggest mistake. The physician can JUSt help. Only you can do the

"curing" by taking all of the measures listed above. Half measures will not work. Give your body the chance to do its natural job and do nothing to hinder it. Any antiviral therapy that is immune-suppressive and aimed at treating HIV is unnecessary, dangerous, unethical and bad medicine-you are already immune to HIV!

WHAT ELSE CAN YOU DO?

The future benefits to humanity that can be derived from this horrendous experience, if the powerful forces of government do not obstruct justice, orchestrate a cover-up or perpetuate the "big lie", can be greater and more rewarding than any single epic in the history of humankind. The profits gained can reach far beyond the realm of science and serve allhuman endeavor.Freedom of thought and expression without suppression by any authority must be protected. We must always be suspect and seriously question those who proclaim special powers, knowledge and cures, while discrediting and silencing without proof all opposition with baseless accusation and prejudice. Establishment medicine has promised cures for seven decades; and in spite of 95% failures and an admission of defeat, it continues its false promises and claims of superiority over all other healing arts and therapies. Because of its arrogance and ignorance, il has followed a

path that defied the rules of nature and, except for crises situations, it offers temporary relief at great 134

sacrifice to the maintenance of heallh. In AIDS, because of the same arrogance and ignorance, it has become an accomplice to murder.

Of my colleagues, I

ask that we become thinkers once again,

with open minds and an eagerness to learn from our rich inherit-ance. We have abandoned the path that leads to a balance with nature in favor of artificiality and harmful remedies. Let us earn and recapture the admiration of the world. Let us regain the self-respect and pride which, by virtue of the humanitarian goals that motivate most of us, we can truly deserve. This will only be possible if we raise our voices in indignation and horror at this atrocious fraud that has been perpetrated against all science and humanity.

Five minutes of your time, which is all it takes to write a note to your senators and representatives in congress, will save millions of lives. Many millions more will be freed from a life of anxiety.

Billions of your tax dollars will no longer be wasted. They can be used constructively to relieve suffering and truthfully educate the public in the prevention and treatment of the real -

Acquired Immunedeficiency Diseases. (Please see sample letters at the end of this book)

****

135

DEADLY DECEPTION

136

Chapter 9

Important Addendum

THE CORRUPTION GETS WORSE -

BUT THERE IS HOPE ON THE HORIZON

The degree to which corruption is being perpetrated and the types of individuals it attracts, boggles the imagination. The level of incompetence and fraud rises at an astounding pace. Like they say, "You ain't beard nothin' yet!" Better still, in scientific circles they say, "What some scientists won't do for a grant!" And as you now know, one doesn't get a grant unless you agree with the AIDS

hypothesis. The next expose illustrates this point very well. It comes in a close second to Gallo's original papers.

A medical article was published in *Nature,* vol. 362, March 11, 1993. The article was entitled, "Does Drug Use Cause AIDS?" by M. S. Ascher, H. W. Sheppart. et al. In this article, Asher, et al., directly attack Peter Duesberg's contention that the use of drugs alone or in association with malnutrition. and the treatments that are usually given are sufficient and, in fact, necessary to cause the diseases of AIDS to occur.They, (Ascher, et al.) "decided to assess *this* hypothesis". In a graph illustration included in their article, they included a line which indicated "IDV-positive, no drug use"

individuals. That line showed a serious decline in CD4 (T-ceU) count. This indicated that being HIV-positive alone, and not drug use, was all that was necessary for AIDS to occur.There is only one problem, and I am sure that Ascher, et al., do not consider *this* important, but, there were no individuals included in the study that were in that category at all! It was pure fabrication.

Peter Duesberg challenged this article in a letter to *Nature,* which Dr. Max.ine Clarke, the Executive Editor refused to print Duesberg stated that the study by Ascher, et al., was "worthless for a scientific appraisal of the drug-AIDS hypothesis". Duesberg pointed out the serious deficiencies in the article including the

"fabrication" of results.

Can you beHeve that scientists would fail to even mention or report whether or not AZT had been taken by the participants in a study such as this? But, of course, as we all know, if the rewards are so great, we see what we wish to see. What about the effect of AZT on those inclividuals who have been treated just because they were lllV-positive? Perhaps Dr. Ascher, you might ask one of your co-authors, Winklestein, about the damaging effects from the extensive use of AZT in the very same area in which you clid yow study-be reported it! And Dr. Winklestein, how could you allO\\< it?

Ob yes, Dr. Ascher, I am sure that you are aware that AZf is toxic to the bone marrow where T-cells are formed. Are you hiding murder? Do you really wish to be an accomplice by non-disclosure of the truth? Or. is it possible that you are just not sufficiently competent for the job?

Worse, is it conceivable that you would perform the study without HIV-positive drug free controls? After all, isn't that the main argument of your group, that being HIV-positive will cause AIDS without drugs? Well, Dr. Ascher, where are these HIV-positive drug free AIDS victims? Before you answer that, remember that AZf is also a drug!

Ascher doesn't mind insisting that drugs have nothing to do with AIDS in spite of the fact that his own data shows that 72.9%

of the IDV-positive group were heavy drug users and 50.9% were light drug users.Duesberg points out that since most of the sexual contacts of this sub-group of homosexuals are drug related, the government statistics indicate a very significant set of facts. If it takes approximately 1,000 of these sexual contacts to transmit the virus, then these individuals are, therefore, likely to have consumed 1,000 doses of drugs. Hardly an insignificant amount. Even

a non-scientist would conclude that drug toxicity, which has long been recognized as a cause of immune deficiency (> 60 years), is the more likely cause of AIDS.

138

Ascher's study only considered the drug consumption for a 24-month period. prior to entry into the study, but not during the 96-month follow-up. This is highly irregular and certainly unreliable as an indication of the bt!havior that followed. It would appear that either Ascher was determined to avoid a good epidemiological study for fear that it might not confirm a predetermined desired outcome. This, unfortunately, is typical of the AIDS scientific literature. The lack of information about the total drug intake also raises serious questions as to the time period involved in the study.

Everyone knows that if you do a study on the effects of smoking on the incidence of lung cancer or of alcohol on the incidence of cirrhosis of the liver, a 24-month tabulation of usc would fall far short of the incidence of these diseases. The dosage and the length of time it is used is crucial in obtaining an accurate determination of possible cause and effect.

Is it possible that dedicated, learned and independent scientists could submit such fraudulent trash as this? What possibly could be the motive for damrung a colleague and his important challenge to more than 40 indefensible hypotheses? Could it be the untold fortunes in royalties and the plethora of grant monies available to scientists willing to compromise ethics and morals? Dr. Peter Duesberg has recently produced a brilliant 75-page document entitled, "AIDS ACQUIRED BY DRUG CONSUMPTION AND

OTHER NON-CONTAGIOUS RISK FACTORS". This paper, which was printed in *Phannacology Therapeutics,* Vol. 55 (1992), contains over 700 references and is worth distributing to all your friends. Thi courageous and dedicated scientist has placed truth before Ius career and *all* personal gain. I strongly urge that you order a copy of this reprint along with ills reply to Ascher. et al. It is available by sending $15.00 to "RETHINKING AIDS", 2040

Polk Street, Suite 321, San Francisco, CA 94109. An extra $20.00

will bring you a year's subscription to their monthly publication.

Their Edilorial Board reads like a Who's Who in Science and Research. They need your support; and their success is vital in achie\ ing informed freedom of choice in medicine and destroying the oppressive. dishonest and ill-informed bureaucracy that is en-dangering Lhc health and welfare of the world.

Arrogance, ignorance and greed are not new! In case you believe that serious blunders are rare in onhodox medicine, and 139

that they should have the right to prevent all other healing arts from practising or expressing their views, let me Hst just of few of them.

These are not necessarily examples of fraud, they represent the fruits of arrogance, ignorance and greed:

Thalidomide, which caused birth deformities, and an ever growing number of drugs including AZT, whicb are responsible for an uncountable number of diseases and deaths; Mercurial and arseni-ca l compounds -which often caused what they were supposed to cure; Legionnaire's Disease -caused by a toxin and is not contagious; Alzheimer's and a host of other conditions, thought to be caused by viruses, but now recognized as the resuJt of environmental toxins. The War on Cancer- the 20 bulion dollar, 20-year search for a cancer virus that yielded nothing.

Now we are being told that HIV can cause over thirty diseases; may cause no disease at all; can be gotten from someone without the disease; will kilJ you because you arc immune to it; can anni-hilate humanity; take from one year to a lifetime to cause disease after i nfection; needs a "co-factor" to cause a specific disease (such as a carcinogenic to cause cancer); can be transmitted by 1 to 2,000

sexu al acts; and can kill even when it is nowhere to be found.

Aren't we supposed to stop believing in fairy tales at the age of ten?

THE TRUTH WILL COME OUT

A growing number of AIDS cases are being reported in which: I.

The presence of *HN,* or even the antibodies to HIV, has not been demonstrated.

D. Individuals, particularly children, have no known "risk factors", i.e., drug use, injections, transfusion-;, born of parents with AIDS, sexually active or promiscuous or

"gay".

ill. 5% of the population of the U.S.A., or approximately 12,500,000 Americans are purported to be HIV-positive and yet, the number of AIDS cases is proportionately dropping.

140

IV. All estimates, by the major health organizations of the world, indicate that the overwhelmingly majority of HIV-infected people are not developing AIDS.

V. There are the extremely important and crucial studies analyzing and correlating the number of individuals who died from the AIDS diseases in the many decades prior to this "new epidemic" -there is no epidemic!

****

NATIONAL CANCER INSTITUTE TREACHERY!

As an interesting addition to the ongoing expose of the great AIDS-AZT fraud, documents of the National Cancer Institute in 1991 revealed that laitake

hibiting the growth of the so-called HIV virus, as well as the toxic killer drug, AZT. Incredibly, the National Cancer Institute converted the natural Maitaki extract into a sulphate and thus rendered it toxic. AZf continues to make billions for the Burroughs-Wellcome Company, while committing

mass murder. Other mushroom prod- ucts have been obstructed by the FDA in spite of the fact that they have proved effective against cancer in other parts of the world. PSK, widely used throughout the world, has been blocked by the FDA. (Ralph W. Moss, Ph.D., *Cancer Therapy,* page 248, Equinox Press, 1992. Dr. Moss is a noted author, a Pulitzer Prize Nominee and author of the award-winning Public Television (PBS) docu- mentary, *The Cancer War.)*

****

Summary of a two page spread which appeared in the *Sunday Tunes* in the United Kingdom on 3 October 1993, entitled:

"THE PLAGUE THAT NEVER WAS"

by Neville Hodgekinson

In 1989 Philippe and Evelyne Krynen traveled to Tanzania on mission dedicated to helping thlrd world orphans. They joined 141

DEADLY DECEPTION

Partage, a French charity organization, and focused on their efforts in the area considered the epicentre of the AIDS epidemic. They soon beaded the organization in Tanzania which now employs 230

full-time workers and many field workers. Their reports soon provoked the interest of the entire world in the AIDS catastrophe in Africa. Their information was carried by newspapers and magazines. They had been given the standard "textbook" information about AIDS and believed it was sexually transmitted, spreading rapidly, took one to two years to develop after exposure and the transmission from mother to child was 50%. Now four years later, after intensive work, investigative research and testing, their bands-on experience has revealed a totally different story. In Kagera, the area in which they concentrated, "people were indeed dying alot, because of poverty and an upsurge in malaria."They decided to test everyone for AIDS and at least attempt to save the purported 50%

who were not infected. Instead of finding a 50% incidence of HIV-positives, only 13.7% showed up positive, and some of those were falsely positive because of parasites and other infections. They also discovered that repeated tests turned up negative and that there was no relationship between HIV-positivity and risk of illness. "If simply fed and treated for the real illness they had, they recovered.

In all the children we have lost there was a very well designated reason, an illness we could not cope with because we hadn't the means to do it: heart failure, TB treated too late, cerebral malaria, acute hepatitis-probably caused by a drug taken for the wrong reasons. You have no right to call any of these deaths AIDS. I can 't tell you of a single child I have followed who has died of a so-called AIDS-related illness." The occurrence of HIV-positives

"could be because being more in contact with doctors and hospitals, and taking more drugs, or just giving birth, causes you to accumulate reactivity to the test. It may not have anything to do with the virus."

The World Health Organization claims that at least 8 million Africans are infected. However, in the first 10 years of the "epidemic" only 200,000 have died in all of Africa, and that figure has been disputed. Medical workers in Africa state that the figures are exaggerated. The head of pathology and microbiology at the university teaching hospital at Lusaka, Dr. Nkandu Luo, insists that the disease has been over-reported. The Krynens stated, because 142

funds are available for orphans of AIDS victims, most children who have been left with their grandparents while the parents are elsewhere trying to earn a living, are presented as orphans. In addition, when a parent has died of accidents or other causes, the families will say it was AIDS, again, because funds will then be provided. "It has always been like tltis here; they may need help, but it has nothing to do with AIDS. It has become a racket, both AIDS workers and false "victims" are making a handsome profit.

Krynen points out that the "epidemic" started in drug dealers and "...whatever killed them was not sexually transmitted, because (it bas) not killed their partners. "We have fewer casualties, proportionately, in those

who test positive than in those who test negative." The literature they now hand out states, "It is not known whether HIV causes AIDS. It is time to return to science and abandon magic thinking."

Thousands have not even been tested for AIDS and research articles are continuing to show that thousands of documented cases of AIDS are completely negative for the virus or its antibodies.The *London Times* reports that Dr. Timothy Stamps, Minister of Health and Child Welfare in Zimbabwe, states, "The HIV industry, which is multi-million-dollar nationwide, is now in my view one of the biggest threats to health." The Krynens are fighting against telling the people that they are going to die and have noted that many individuals are getting better when they have been told there is no link between the virus and AIDS. "It is good to know that this epidemic wltich was going to wipe out Africa is just a big bubble of soap...It is terrible to consider you have done so many tltings you thought worthwhile, when in fact you were misled. It is difficult to adjust afterwards...As time passes it gets bigger and bigger...We came here to help orphans of AIDS. Now we are facing a situation where there are no orphans and no AIDS."

"My medical studies led me to believe that AIDS was devastating and the people who showed me the situation here reinforced this belief. I...made others believe it. And now I know it was not true.

Nothing was true."

****

AXIOl\IS THAT A LIFETil\1E

OF f\IEDICINE TEACHES

To describe a disease as having a specific cause, is as erroneous as characterizing the glorious voice of a great singer as simply a matter of

vibrating vocal chords.

Not even health can master incurable remedies.

When justice vacates, tyranny takes up residence.

The processes of life are an extreme complexity of interaction between an organism and its environment; evolving through a slow, prolonged course of adaptation and; exists only because the sum is greater than its parts, whether it be the organism itself or the substances upon which it depends for survival.

What we calJ "nature" is aU that is or should be. Anything else is unnatural or alien and will assuredly destroy or alter the whole.

When Humans believe they can improve on nature, think more than twice; the cost is eventually immeasurable.

Repair of abnormalities, that which cannot function effectively in the natural milieus, can only be effectively and fully repaired by utilizing natural medicines.

Maintaining the natural relationships of life to the environment is both the prevention and the cure.

That which is alien to nature cannot possibly correct what it undoubtedly caused.

Replacing but a part, can never reconstruct the whole, which is assuredly more than the sum of its parts. The only physician that has ever fully accomplished this, is a woman. We call her "Mother Nature".

What blasphemy! The Government asks that a drug be "safe and effective", when in truth, only natural medicines can meet that 144

requirement, and they are removed from the shelves while poisons of one degree or another remain.

Ozone, when not contaminated by humankind, is nature's way of purifying the atmosphere.In proper concentrations it kills bacteria, fungi, viruses and cancer cells. Yet, many governments say its efficacy has never been proven, and will not "grandfather in" its use, even though it precedes government by hundreds of millions of years.

Even if the whole world believed a lie, it could not make it the truth. It does however speak to the cunning of the liar and the innocence of the believer.

Truth is not verified by popular vote, it avoids no question and answers without emotion.

The FDA (in the U.S.A.) is the supreme authority on healing. God is still waiting for his remedies to receive approval. The problem?

They have never been subject to a double-blind study, no one else in research has been able to duplicate them, and the Bible is not considered a peer-reviewed journal! (GOD offered the FDA an incentive in the form of a good job in Heaven, but withdrew the offer when he realized they were all destined to go to Hell!) If we alter or destroy the ecosystem without the time or ability to adapt, disease and death will surely follow.

Character assassination in response to another scientist's challenge, is tacit evidence of an indefensible position.

To be pious while blaspheming another is merely a reflection of one's own character.

The prime requisite of a scientist is an open mind. (The ignorance of physicians could be forgivable, most really do not know and better.) However, to be intolerant of other schools of thought is inexcusable.

Perhaps we should be reminded that eighty percent of what is done in medicine bas never been double-blinded.

Therefore...

Is it Science to be cavalier about the thousands of drugs and therapies we have discarded in the past century, and perhaps as recent as yesterday, that we confidently prescribed the day before and then, in the next breath, condemn centuries old therapies which members of the establishment have never used, though they have stood the test of time?

****

I wrote the following article on AIDS. It has been submitted to some British medical journals for publication as it would be almost impossible to find one in the United States that would print it. You have the publishers permission to make as many copies as you wish. Please send one to your physician, newspaper, representative and senator -beuer still, send the book.

A CALL FOR THE TRUTH

(A White Paper on The Viral-AIDS Hypothesis)

Robert E. Willner, M.D., Ph.D.

The history of medicine contains a plethora of instances in which physicians have acted tragically under "consensus of opinion" rather than relying on substantial scientific evidence. This practice has its origins in the long-held concept that medicine is an

"art" rather than a science. In recent decades, the major advances in technology have allowed us to emerge from the "dark ages" of diagnostic and therapeutic doctrines that were often based on personal prejudice and "medical politics". Unfortunately, we have also fallen victim to fraudulent scientific papers because of the inherent trust we place in our colleagues engaged in arcane areas of medical research. In the early 1980's, physicians became aware of what appeared to be an emerging epidemic which is now known throughout the world as AIDS. Along with all of my colleagues, I eagerly followed the releases from the "authorities" about the progress of the disease and the involved explanations related to the behavior of the new retrovirus which was given the designation mv.In spite of my relative

ignorance about retroviruses, I became suspicious that something was awry when retrovirologists, who had spent twenty years and in excess of twenty billion dollars in research on viruses, became involved in extensive apologetics with reference to mv. They began to use terms such as "mysterious"

and "intelligent" in the ever growing number of additional hypothetical explanations needed in the attempt to clear up the contradictions arising with reference to the original virus -

AIDS

HYPOTHESIS. I underscore the word hypothesis to remind my colleagues that the so-called AIDS virus has never been proven scientifically to cause any disease, let alone AIDS. Every scientific pronouncement is without laboratory proof and is mere supposition.

Allow me to be presumptive enough to speak on behalf of some of our most respected colleagues in the area of research on AIDS; Dr. Peter Duesberg, Professor of Molecular Biology, University of California at Berkeley, the world's foremost retrovirologist; Dr.

Charles A. Thomas, Professor of Microbiology, Harvard; Dr. Kary Mullis, six-time Nobel Candidate, Nobel Laureate, 1993 and dis-

coverer of the Polymer Chain Reaction. These are just a few of the hundreds of prominent scientists who have banded together to form

"The Group For The Reevaluation Of The AIDS Hypothesis". I have spent five years in researching as many scientific papers and lay periodicals as possible in order to try to fully understand the enigma of the phenomena called AIDS. Everything I have read and

verified has confirmed the suspicions which grew out of the obvious contradictions of the "hypothesis" and the practical experience from treating AIDS victims. AIDS is not an enigma, our medical texts have clearly defined the causes of acquired immune deficiencies for over fifty years. What appeared to be an emerging epidemic amongst homosexuals, occurred

as a result of three coincidental phenomena; the advent of the "drug culture" of the sixties, the use of amyl nitrite ('·poppers") and the visibility of the

"gays" as a group when they "carne out of the closet... If we add two other obvious factors, starvation in Africa (long recognized as the major cause of immune deficiency) and the use of AZf , the enigma of AIDS becomes crystal clear. The "mysterious" and

"i ntelligent" virus suddenly becomes the uneventful, ordinary, in-animate piece of dead tissue that it is.

I

present to you just a fraction of the facts that cry out for an immediate investigation and re-evaluation of what I **now** know to

be the "Deadly Deception"-The Viral-AIDS Hypothesis.

WHY HIV CANNOT CAUSE AIDS

None of the proposed explanations, of which there are more than forty, as to the *modus operandi* ofHIV, nor the virus-AIDS hypothesis itself, are based on scientifically acceptable evidence or proof.

The available laboratory evidence speaks against the hypothesis.

The remainder of the evidence is epidemiological, and even that, when scrutinized and truthfully presented without first being selectively screened, proves that mv is innocent of any involvement in AIDS.

EPIDEMIOLOGY

We are asked to believe that a single virus is the cause of both cell-destructive diseases, i.e. Pneumocystis pneumonia, and cell-proliferative diseases, i.e. Kaposi's sarcoma!

Worse, we are asked to believe that a single virus can cause two distinctly different disease complexes, and do so on the basis of geographical distribution, sexual preferences and gender.

In Africa, AIDS is virtually 100% fever, diarrhea and wasting.

In the United States and Europe, AIDS is 25 to 35 distinct diseases, depending on bow they are classified.

There are no uniform or significant genetic differences between the isolated HIV or any of its mutants found in the U.S.A., Europe or Africa to account for the wide discrepancies in disease occurrences.

The incidence of HIV in Africa differs from one country to another and correlates only with malnutrition and starvation. Elsewhere it correlates with drugs, the male gender, sexual preference and crosses all national boundaries.

In Europe and the United States, 86% to 90% of AIDS cases an.

males. In Africa, AIDS occurs evenly between the sexes.

The predicted epidemic has not occurred . In the past 10 yei:tf (since 1984), 204,000 individuals in the U.S.A. have develo.l:'ed AIDS. 602,000 were predicted. In Africa, 129,000 have developed AIDS. 3,063,000 were predicted. If these figures were corrected for the normal incidence of all of the acquired immune deficiency diseases, as well as starvation and drugs (AZT included), none would be left to blame on HIV.

The predicted AIDS epidemic in Thailand produced vnly 123

AIDS cases in 8 years.

Laboratory rats treated with antibiotics and cortisone, both immunosuppressive, developed Pneumocystis pneumonia which is the most common disease of AIDS.

In Europe and America approximately 1/3 of the AIDS cases are diseases which are not truly immune deficient, i.e. Kaposi's sarcoma, lymphoma, wasting disease and dementia.

83% of American AIDS babies are "crack babies"(born to drug addicted mothers) or hemophiliac (congenital).

In Africa, the virus has little or no affinity for sexual or behavioral risk groups

In spite of the ubiquitous presence of Pneumocystis and Candida, these diseases do not occur in AIDS in Africa.

50% of American AIDS patients are **presumptively diagnosed-without a positive test.**

AIDS occurs mostly in the 20 to 45 year-olds, our healthiest and armed forces-recruitable years.

The virus prefers males (90%), but the diseases it supposedly causes are not male specific.

THE VIRUS CALLED HIV

lllV has never been present in AIDS cases in amounts large enough to cause disease, and yet it supposedly kills the victim.

Only 1 virus per 100,000 lymphocytes can be found in only 20%

of AIDS cases, even when death is imminent.

The presence of the virus is often 40 times greater in healthy mY-positive individuals than in fatal AIDS cases, where many times it can't be found at all.

The virus cannot be found in the lesions of Kaposi's sarcoma.

The virus cannot be found in the brain in dementia.

In order to isolate the virus from the blood of an AIDS victim, you have to culture at least *5* million leucocytes and it may take 15

separate attempts to do so.

The incidence of AIDS is 1/3 lower in health care workers, caring for AIDS patients, than in the general population.

AIDS hypothesis supporters claim incredulously, without any proof, that the failure of the unproven HIV to meet Koch's Postulates, invaHdates that 100 year-old standard for etiological proof!

The HIV test is for the presence of antibodies, not the virus.

AIDS is the first disease in the history of medicine in which immunity indicates the patient will die of the disease! Of course, there are latent viruses which, under opportune situations of debilitation, replicate in sufficient numbers to cause clinical infection and even death. This has never occurred with HIV, and has only been postulated and proclaimed a fact without any proof whatsoever.

The Centers For Disease Control in the U.S.A. never report the incidence of HIV in its HIV/AIDS Surveillance Report. To do so would expose the fraud.

HIV correlates only 50% with AIDS. Cytomegalo·,irus correlates 100% with AIDS, as do drugs and the Epstien-Barr virus.

There are also significantly higher correlations with Hepatitis A, Hepatitis B, HSV, the number of blood transfusions, malnutrition and stanation.

DISCREPANCIES ABOUND

Smce HIV came onto the scene the median age of hemophiliacs has increased by 5 years!

The risk of AIDS in HlV-positive non-hemophiliacs is twice that of H1V-positive hemophiliacs.

The incidence of AIDS in the wives of HN-positive hemophiliacs is 1/s of the number predicted by the AIDS hypothesis.

The incidence of AIDS hemophiliac children tripled two years after the virus was filtered out of blood transfusions.

According to official statistics AIDS had not spread for 7 years

- until they added 5 more diseases (1985-1992).

We are constantly being warned of the coming catastrophic epidemic. Yet, there is undeniable evidence that HIV has existed for at least 50 years and probably millionof years.

HIV in non-drug using prostitutes is virtually non-existent.

Venereal di eae

the past 8-10 years, but not HIV.

Only 1 provirus (not the virus) was found out of I million cells in only 1 out of 25 HIV-positive males.

Statistics indicate that if you want to "get AIDS" from an HIV-posttive male you have to be on drugs for a long time.

In the U.S.A. and Africa the evidence is conclusive that there is no difference in the incidence of AIDS diseases between HIV-positive and HIV-negative babies .

If AIDS was sexually transmitted, the perinatal transmission would make it a pediatric disease -

the incubation period is

supposedly two years. It is not a pediatric disease.

A report released by the U.S. Job Corps and the U.S. Army, which was based on millions of tests, indicated that HlV was evenly distributed between males and females in the age group from 17 to 24. However, the Center for Disease Control in the U.S.A. reports that 85% of the AIDS cases in the same age grou p are males.

A proportionality exists between HIV and ALDS only if starvation, transf usions and drugs, including AZT, arc involved. Otherwise, being IIIV-positive is meaningless.

I 0% of male and female heterosexuals prefer anal intercourse.

The mc1dence of HIV and AIDS in those women is the same as compared to women who prefer vagmal intercourse. Yet, the incidence of AIDS is 90% male.

The AIDS virus has been demonstrated m blood amples from 50 years ago, at the same time that Masters and Johnson conftrmed a high incidence of anal intercourse arnongt

Statistics show that in Africa it has to take an average of 10,000

acts of intercourse to transmit AIDS as compared to the U.S.A. and Europe's 1,000. That's 20 times a week!

lflV in viYo, when present, is rare and neutralized by antibodies (HJY-posiuve) and therefore non-infectious. In vitro (in the laboratory) they are mfectious because there are no antibodies prec;ent.

AJDS amongst laboratory workers is the same as the general population even though their exposure is many millions of times greater.

More than a dozen co-factors have been proposed as necessary to cause AIDS along with mv. HlV is usually not even present (80% of the time) and it is always dormant.

AIDS diseases are claimed to be the result of the immune deficiency or autoimmunity caused by HIV. However four of the maJOr d1seases, Kaposi's sarcoma. lymphoma, dementia and wasting disease are not caused by immune deficiency.

Hoffman in I 990, in defense of his theory invoh mg autoimmunity, wrote that all of "Duesberg's paradoxes" could be understood in the light of his (Hoffman's) "model" (Now there's a brilliant scientist; let's make Duesberg responsible rather than the Virus-AIDS hypot hesis).

The autoimmune theory of Hoffman fails to explai n: Kaposi's sarcoma, lymphoma, dementia and wasting disease; the specific diseases related to specific behavior (i.e. "poppers" and Kaposi's sarcoma); the incredible differences in the types of diseases between the HlY-infected groups; the bias for males; and the 80%

(U.S.A.) to 98% (Africa) IITV-positives who haven't developed AIDS since 1984.

One really bright group of scientists, Shaw et al., argued for the concept (never demonstrated) of the formation of antibodtes against the HIV antibodies. If we accept their theory, then aU viruses should cause AIDS.

GalJo, whose memory lapse abou t having stolen Monta igner's virus, for which he was declared guilly of "scientific misconduct"

by his peers, claims to have observed HIY killing pri mary T-cells.

Montaigner, his "co-discoverer' , published a paper declaring the exact opposite the same year, 1984.

Gallo without any scientific evidence and in direct contradiction to the 20 years of knowledge gained from the intensive and conclusive 20 billion dollar study of retroviruses during Nixon's

"war on cancer", claims that *HN* retrovirus kills its host cell which it absolutely needs in order to reproduce. The conversion of RJ"lA to

DNA requires the mitosis of the host cell, not its death!

The very reason that retroviruses were investigated as a probable cause of cancer, was their noocytocidal replication.

Gallo patented a technique of indefinitely reproducing T-cells in culture and hypothesizes that the T-cell line has developed a resistance to being killed by *HN.* However, this has always been basically true of every T-cell line.

It is claimed that 50% ofIIIV infected individuals are supposed to die over a ten-year period. In Africa only 0.3% die each year which means we will have to wait 150 years for SO% to die!In the first 10 years of AIDS, the prediction for the United States and Europe was overestimated 300%.

After four years of on-site intensive study, investigators in Tanzania (Krynen, Phillipe and Evelyne, Directors of the Partage mission and reported by Neville Hodgekinson for the *Sunday Times* in the United Kingdom on 3 October 1993), state that there is no AIDS epidemic.

The Annual Conversion Rate from HIV-positive to AIDS is published each year by the World Health Organization.The figures indicate that if you are IDV-positive, your chances for survi\al are up to 300 times better if you live in Zaire rather than in Europe or the United States of America!

All claims for pathogenicity of mv by virtue of mutation have never been observed or demonstrated and are contrary to all established facts.

HIV is claimed to have unique genes and toxins that destroy nerve tissue. Again, none of these claims are substantiated or demonstrated. The RNA information , structure and function of HIV do not distinguish it from other retroviruses.

The Simian Immunodeficiency Virus (SIV) which *is* claimed to cause "AIDS-like" diseases in macaques is being cited to argue support for

the Virus-AIDS Hypothesis. However, SIV is only 40% similar to HIV; causes disease 15 times more effectively in 1/Jo the time; does not stimulate antiviral antibodies; does not deplete T-cells; produces an entirely different spectrum of dis- eases; and only does so in laboratory macaques, and not naturally in the wild species. So much for a supposed analogy.

THE REAL CAUSES OF AIDS

The first edition (1952) of the *Merck Manual* listed the causes of acquired immune deficiencies in the order of occurrence: malnu·

trition, drugs, radiation•.•

The incidence of AIDS in Africa, which is completely different from the 25-odd diseases in Europe and the United States of America and is characterized as diarrhea, fever and wasting, correlates virtually 100% with malnutrition, starvation and para- sitic disease.

The incidence of drug use, i.e. street drugs (used orally or intravenously) of all types, amyl nitrite (poppers) and other immune suppressive medical drugs, particularly AZT, correlate virtu·

ally 100% with the development of AIDS in Europe and the United States! These factors have been proven sufficient to cause the diseases of AIDS. HIV is a sometimes present, innocent bystander that has yet to be proven necessary for anything that is occurring.

Research by a respected group of Australian scientists have declared the test for HIV as scientifically invalid. They have found that malnutrition, multiple infections, malaria, multiple sclerosis, tuberculosis, the "flu" and measles can result in a positive tesl In Russia, screening with the Elisa test resulted in 30,000

positive tests. Yet, only 66 could be confirmed with the Western Blot.

Imagine the medical carnage being caused when individuals, because they once had measles or the "flu", arc falsely diag-

nosed as having a virus which has never been proven to cause any disease, arc given a drug which will kiU them!

The incidence of AIDS in hemophiliacs drops dramatically when the protein contaminants in the added Factor Vlll1s refined three times.

Rare anecdotal cases of AIDS that were supposedly outside the risk groups. have been sensationalized in the press throughout the world. The cause of death was cited as AIDS due to lUV infection, but a closer look tells a different story: An 18-year-old hemophiliac, Ryan White, died of internal bleed-ing and had been treated extensively with AZT which causes AIDS (see package insert).

Paul Gann, a 77-year-old blood transfusion recipient died in 1989. Although the transfusion which was given in 1982 was not demonstrated to have HIV, it was blamed for his death. Gann bad a 5-vessel bypass surgery in 1982. bypass surgery again in 1983

and in 1989 was hospitalized for a fractured hip, developed pneumonia and died. How many times has this happened in virtually every doctor's practice before AIDS? Yet, his death was blamed on AIDS.

Kimberly Bcrgalis, who supposedly contracted AIDS from her dentist during a tooth extraction (the mode of transmission was never estahli.;,hed) was tested for HIV after the dentist disclosed he wahomosexual. Kimberly was given AZT. The incidence of HIV-positivcs amongst the dentist's patients was 0.4%, the same as it is for all Americans!

The increase in the annual death rate of American males between the ages of 25 to 44 rose by 10,000 during the 1980's. They were assumed to be due to AIDS. During the same penod, bow-ever, the deaths from intravenous drug use rose 400%.

Male homo.;,ex uals comprise 60% of American AIDS patients.

One study invoh ing 170 of them produced the following breakdo\\n of drug usc, usually in multiple combinations:

nitrite inhalants - *96 %*

ethyl chloride inhalants - 42%

lysergic acid - 50%

cocaine - 55%

amphetamines - 60%

phenylcyclidine - 40%

methaqualone - 50%

marijuana- 90%

barbiturates - 25%

heroin- 10%

prescription drugs - 50%

Many other studies involving thousands confinn these figures.

AIDS victims bad twice the lifetime drug dose than mv carriers!

When amyl nitrite ("poppers") was outlawed in the State of Massachusetts, the incidence of Kaposi's sarcoma dropped 7-fold (700% difference). Wherever its use has been charted, the incidence of the disease parallels the use of the drug. This is also true of all other AIDS diseases. The incidence of multiple diseases, which usually results in the frequent use of antibiotics was as follows:

gonorrhea - 80%

Hepatitis B - 50%

syphilis - 55%

mononucleosis- 15% parasitic diarrhea - 30%

AZT, A CAUSE OF AIDS

AZT is toxic to all cells; it is a DNA chain terminator. An independent laboratory found AZT to be 1,000 times more toxic than shown in the studies performed by the National Institutes of Health and the manufacturer (Burroughs-Wellcome).

180,000 HIV carriers worldwide are currently taking AZT.The drug insert clearly states that AZT causes acquired immune deficiency. Studies indicate that AZT does not effect the down-ward progression of CD-4+ cells

Human and animal tests indicate that AZT causes severe de-pression (potentially fatal) in the production of red and white blood cells, muscle atrophy, polymyositis, lymphomas, hepatitis, dementia, mania, ataxia, encephalopathy, seizures and impotence. It is carcinogenic in mice.

Although il is well known that disease from drug use *is* dose related, this fact has been largely ignored in epidemiological research.

The only controlled study on AZT (Fischl, et aJ., 1987) was discontinued after 4 months, supposedly because the beneficial effects were obvious. This study is a prime example of medical corruption:

The AZT group received transfusions 6 to 1over the Control group.

The two groups were not matched or staged.

Other "concomitant medications" were used.

Drug sharing occurred between the AZT and placebo groups.

The AZT group had 56 side effects and the placebo group had 31side effects. This could only occur if the code had been broken, thus making the study useless.

The code was broken the first week.

The ultimate outcome of the study and others performed since, indicate that AZT actually triples disease risk. The administration of AZT adds new serious and fatal disease risks. These include serious anemias requiring life-saving transfusions, leukopenia and death (20% in 9 months on AZT).

Studies clearly indicate that AZT accelerates progression to death, increases the incidence of lymphoma 3,000% and does not prolong life.

Several studies have revealed recovery of cellular immunity and general improvement when AZT was discontinued.

IN SPITE OF THESE FACTS,

THE FDA HAS NOT RECALLED AZT

The AIDS virus has been called mysterious, intelligent, strange, not ordinary, unpredictable and inconsistent. Compared to the unpredictability of the Virus-AIDS hypothesis, the Drug-AIDS

hypothesis accurately predicts drug-specific diseases distinctly to the type of drug. AIDS diseases occur *in* HIV-free individuals, but are simply reported under their old names instead of being called AIDS.

Physicians have been victimized by less-than-scientific, self-serving researchers and politicians who mouth hypotheses as though they were truth and present half-truths which convey misleading conclusions. As a result, other scientists continue their expensive and fruitless search for "sharks in the desert". Meanwhile, hundreds of thousands, and eventually millions, will continue to die from lack of knowledge as to the true causes of AIDS and iatrogenic death from AZT.

It is time for physicians to remove the "art of medicine"

mask of protection from criticism and boldly show their faces as true scientists.'Ve must demand an immediate re-evaluation of the Virus-AIDS hypothesis in the interest of our patients and our sacred obligation to "above all do no harm".

Robert E. Willner, M.D., Ph.D.*

April 1994

*** Author of *Deadly Deception***

Peltec Publishing Co., Inc.

4400 North Federal Highway

Suite 210

Boca Raton, FL 33431

DEADLY DECEPTION

COMI\ilENTS OF A NOTED JOURNALIST

"In a deadly conspiracy of silence, the medical establishment IS ignoring powerful evidence that HIV doesn't spread sexually, and may in fact be harmless.

"As a scientist, you don't mold your theory to fit your assumption; you assume nothing, and let the facts faJI where they may. Eventually you may have a theory. And once you do, your duty as a scientist is to throw it into the lion's den of scientific scruuny-peer review.

If it's correct, it will prevail; if not, it deserves to disintegrate.

- Celia Farber

Senior Editor, *SPIN* Magazine

(Quoted from her article "Fatal Distraction", *SPIN* Magazine, June 1992)

160

COMMENTS OF A NOTED AUTHOR

'My prediction is that in the next three years* The definition of AIDS will continue to expand. This will increase the numbers of cases being reported and it will com ince most people we are suffering from a new plague."

-John Rappaport

Investigative Reporter and author of

"AIDS Inc. Scandal of the Century"

(Quoted from his article in the

***Health Freedom News,* March 1989*)**

***In 1992, three years later, five more diseases were added to the list of the AIDS disease group, (including tuberculosis) thus expanding an ' epidemic" which had stalled for several years!**

Chapter 10

The Beginning of the End

(The Needle Stick)

In mid-July of 1993, I was invited to stay at a friend's home in Costa Teguise on the enchanting island of Lanzarote in the Canar-ies. Located just sixty miles off the coast of Morocco, Lanzarote is caressed continuously by gentle refreshing winds that cool the ever pre cnt tropical sun. It seemed almost destined that this volcanic paradise would provide, not only the perfect motivational setting for completing several books I had been writing, but the blending of wonderful, si ncere and talented people, w ho together, would initiate the beginning of the end of the AIDS scam. Through an unusual circumstance, I met an brilliant woman, whose ethics, organizational talents and analytical abilities, led to a chain of events that shook all of Spain. J\larisa Caceres read the nearly completed manuscript of this book and arranged for me to meet Andres Pallare , the editor of *LANCELOT,* the week l y newsmagazine of Lanzarote. Andres was reluctant to talk with a doctor who said that AIDS didn't exi ·l. But, when Marisa cbal-le ged

agreed. We bad lunch at Playa de Famara, a magnificent beach nestled below soaring majestic cliffs. In two hours, I convinced Andres and found a special friend and an advocate of hu manity.

On September 25, 1 993, the fi rst of fou r articles appeared in *LANCELOT.* Marisa suggested a conference for the pu blic, which she agreed to make possible by doing a simultaneous transl ation (at 163

which she is truly excellent). She also spoke to an HIV-positive hemophiliac, Pedro Tocino, whom she had seen on a Spanish television program. Pedro, who had been fighting the government health

establishment, because of their laxity in allowing contaminated blood to be used in transfusions, and who had been on AZT

for two years, decided to come to Arrecife, the capital ofLanzarote for the lecture.

Pedro arrived on Sunday, October 10, with a manuscript of a book he had written, government papers and his medical records.

The dedicated, unassuming gentle man, seemed to study me with his eyes incredulously. He found it difficult to believe after years of fighting a hard and lonely battle, there was a doctor on his side.

Except for the fact that he had the mild form of hemophilia, a meaningless positive test for lllV and had been slo\\ ly poisoned by AZT. there was nothing wrong with him. On the morning of October 13, 1993, while pondering how I could effectively create a doubt in the minds of an audience that had been brain-washed by lies for ten years, I recalled a remark made by Peter Duesberg, the world renowned microbiologist. At a lecture he gave in 1989, he mentioned that he would take an injection of the HIV virus, if he could trust that it didn't contain some other ingredient. I conferred with Pedro and obtained his consent to help me with a dramatic act of truth. That evening, at the end of the lecture, in front of cameras, I stuck a hyperdermic needle into Pedro's finger, coated it thoroughly with his blood and then stuck it deeply into mine.

The pictures and the story appeared in every major newspaper in Spain. It prompted condemnation by government officials and threats of legal action. I knew that the government could not risk exposure in a court of law, but I did have concern for my life from two other sources: the pharmaceUlical industry and the "Drug Lords".lfthe fraudulent studies of the Burroughs-Wellcome Company came to light, the company could be bankrupted by lawsuits and its officials could be subjected to criminal charges. If addicts and potential drug users knew that it was drugs that caused AIDS, it could cost the illegal drug trade billions of dollars also.

Several television stations called with requests for me to appear. Marisa wisely counseled me to refuse the government-run stations, as they were controlled and would not be unbiased. We accepted the request from the independently-run Antena-3 to ap-164

pear on the most popular morning television show in Spain, which is hosted by Pepe Navarro. Marisa agreed to go with me to Madrid in order to translate so that nothing I said would be misquoted. My appearance was negotiated by Marisa. We asked only for expenses, that the segments be live and that I could review the questions before the show. They asked that I be willing to stick my finger again with Pedro's blood on camera.

We met with Pedro Navarro on October 21, the evening before the show. He was at flrst skeptical, but after asking extremely intelligent questions for over two hours, his interest and attitude changed to one of great concern over the facts I presented. We called Peter Duesberg at the University of California so Pepe could speak to him directly. Pepe asked him if he could send a fax giving his support to my position on the AIDS scam. The following morning, I was told that the station no longer required me to repeat the "finger stick" on camera. Peter Duesberg's fax and the copy of the *Sunday Times* of October 3, 1993, which I had brought with me was displayed on television. The front page headline "Mrican AIDS plague a 'myth"', and the two page headline on pages 10 and 11, "THE PLAGUE THAT NEVER WAS", was viewed by millions throughout Spain. The viewers telephone calls were 4 to l in favor of my position on the AIDS scam.

While in Madrid, I was interviewed by *Pronto,* the most popular weekly magazine, with 4,000,000 readers *in* Spain. The three-page article entitled, "Robert Willner: The Virus HIV Does Not Cause AIDS" was very favorable and honest. It contained color pictures of the now famous "fmgerstick" and the *Sunday Times* headline. Offers of publication of this book have been made by companies in several countries. Conferences which will include Peter Duesberg and others are being negotiated. The story went out through "F', the world 's fourth largest news service.

I am hoping this is the beginning of the end of the wholesale slaughter of thousands of unsuspecting victims of fraud and the

"The Plague That Never Was".If necessary, I will stick my finger with *HN* contaminated blood a thousand times, until this deadly scam and its perpetrators are stopped. I will continue until I completely expose the "Deadly Deception".

****

DEADLY DECEPTION

THE STAKES

All of us are familiar with the parable. "The Emperor's New Clothes".It teaches us about honesty, especially of being truthful unto ourselves, to recognize our own intelhgence, judgements and instincts. It warns us of the folly of "going along with the crowd"

and of being dissuaded from our good senses by charlatans. It was the innocence and honesty of a young child, that couldn't be

.deceived by the delusion that had embraced an entire population and that finally exposed the fraud of the Icing's dishonest tailors.

The scenario of the AIDS "Watergate" is similar, but far more complex. It is not a lack of honesty that allowed the deceit to pass undetected by most practising physicians. It was probably an un-discriminating trust of our research colleagues engaged in the arcane study of retroviruses, about which most of us have only a rudimentary knowledge. Our gullibilit) and vulnerability was increased by our desire to benefit our patients, as well as our professional and national pride. As for our colleagues in the field of retrovirology, some could have conceivably lacked the necessary knowledge and simply relied upon what they read in their JOUrnals.

But, as you will learn, many went along out of fear, personal gain, or both. Admittedly, in real life, deception is sometimes more easily accomplished, but much more difficult to expose when perpetrated by individuals possessing highly specialized knowledge and a position of authority. This is especiall y true when it deals with the difficult subject of proving cause and effect in a highly specialized field in science. It is even difficult for other scientists in allied fields to be aware that a scam is being committed. The king's dishonest tailors of the story have, in real life, been replaced by a small group composed of a few research retrovirologists, pharmaceutical entrepreneurs, physicians, and high government officials. The spoils remain the same: dishonestly earned profit, power, and fame.

The cost to the victims is not the embarrassment and shame experienced by the populace in the story. In real life the unimaginable and incalculable price has been, and remains, unwarranted fear, human debilitation, degradation and genocide. The v ictims of 166

the deceit include those suffering from the real causes of AIDS, i.e.

malnutrition, starvation and drug abuse, as well as hemophiliac children and the sufferers of at least twenty-five other diseases (and that number is growing yearly). In all of these instances, a benign virus has been falsely implicated even though not one shred of scientific evidence exists to prove it. Also affected are entire subgroups of our population based on ethnic origin, color, sexual orientation and even social or "anti-social" life-styles. Tragically, this hoax deprives all individuals who are found to be HIV-positive of the true benign nature of its meaning with reference to the virus itself. Therefore, they are denied proper treatment and subjected to iatrogenic (medically caused) illness and death. The psychological impact is so incredibly profound that many victims of this fraud have committed suicide or given up hope, and thus succumbed to a disease they may have otherwise rather easily conquered.

The protagonist is no longer the innocent child that awakened the minds of the people and their king. He has been replaced by the world's most respected and knowledgeable retrovirologist. Armed with reason,

irrefutable facts and an unswerving selfless dedication to truth and humanity, Dr. Peter Deusberg has exposed this monstrous fraud.

The price to the scientific community is loss of credibility, loss of countless billions of dollars in misdirected and fruitless research, and undeserved honors and profits to despicable scoundrels and murderers. We have tolerated, by our lack of scrutiny and diligent application of our scientific criteria, the suppression of independent scientific thought and investigation. We have permitted the persecution and humiliation of some of our best and bravest colleagues. Like the king's subjects in the story, we have allowed our minds to be enslaved. For us it is a much greater fault. Because of our professional responsibility and training, it is our obligation to be constantly questioning and asking for verification of all concepts and claims. In this we have failed. We are forced to bear some of the guilt for the deception of the public, and our religious and political leaders.

The cost to the people is the deprivation of their constitutional rights of "life, liberty and the pursuit of happiness".

167

DEADLY DCCEPTION

LOSS OF LIFE

Death ts occurring from misdirected research and the consequent application of incorrect treatment and the delay in applying appropriate treatment.

LOSS OF LffiERTY

The fear engendered by this imaginary. artificially constructed

"epidemic" and its supposed cause, has fostered prejudice and panic. Thic; hac; \\ rought a reaction of violence and has isolated entire segment.., of our population. Fear, as it usually docs, prompts us to relinquih

ment to impose mandatory testing and the consequent restrictions that would be. and in some cases, already have been, imposed on indi\ tduals \\ ith HIV and AIDS.

THE PURSUIT OF HAPPINESS

Th1 i perhaps the most tragic aspect of this fraud. The diagnosis of being HIY positive, or, of having AIDS, Implies that it is incurable, was transmitted sexually, or contracted through needles and by transfusion. It places the individual in a "prison" of the mind. The victim lives constantly in the shadow of death, the despair of hopelessness and the pain of isolation. ll is the ullimate paraly1er and impediment to the pursuit of happiness.

Indeed, as in any tragedy, one can always find some redeeming benefits, not from the perpetrators of the crime, but from the community at large and from the lessonto be learned. It bas brought out the humanity in many of us, tn that over sixteen thousand organizations have been formed to help our fellow human. Most of these people are honest and altruisucally motivated.

It has served to educate us and open a dialogue on issues of morals, health, religious compassion, sexual orientation and the role that government should or should not play in all of this. Perhaps it has also made uaware of our prejudices and our impulsive willingness to cast bJame and the first stone at the innocent. It has alo the intolerance of those depraved individuals who, masquerading under the guise of "Godliness", denigrate the love and compassion 168

of God by atlribuling the horrors of AIDS to his vengeance. We hopefully will learn to be more vigilant, so that we never again fall victim to ignorance, prejudice, perverted political and religious agendas and unscientific scams.

****

169

DEADLY DECEPTION

THE AIDS SCORE CARD

Although the AIDS fraud is nothing to laugh about, sarcastic humor sometimes gets the point across. Indulge me for a few moments as I

present a different perspective on science.

****

A summary with comments on Dr.Peter Duesberg's completely substantiated seventy-five page scientific document proving that the AIDS Hypothesis is a fraud

****

The rrrst group of comments demonstrate that Robert Gallo's profitable virus is not only intelligen t, but has a mind of its own.

****

In Europe and the United States, 86% to 90% of AIDS cases are males (Tbe virus is chauvinistic).

Studies in Africa and England indicate that prostitutes don't get AIDS (The virus has high moral standards).

In Africa, AIDS occurs evenly between the sexes (The virus believes in equal rights for women).

AIDS occurs mostly in the 20 to 45-year-olds, the healthiest and recruitable years for the armed services (I think the virus is trying for a Nobel Peace Prize).

In Europe and America approximately 1/J of the AIDS cases are diseases which are not immune deficient i.e. Kaposi's sarcoma, ly mphoma, wast ing d isease and dementia (The virus is diversify-ing in case immunity goes out of style).

In Africa, AIDS is almost 100% fever, d i arrhea and wasting, but in the rest of the world it is approximately 25 different diseases (The virus does not believe in equal opportunity).

171

DEADLY DECEPllON

The presence of the virus is often 40 times greater in healthy lUV-positive individuals than in fatal AIDS cases (Deserting sinking ships? - The dirty rat!But, perhaps it prefers long term friend-ships).

83% of American AIDS babies are either hemophiliac [congenital bleeders] or "crack babies" [born to drug addicted mothers] (The virus is an addicted vampire)!

In Africa, the virus has little or no affinity for sexual or behavioral risk groups (The virus must be puritanical. Perhaps apartheid is responsible).

The predicted AIDS epidemic in Thailand produced only 123

AIDS cases in 8 years (They gave an epidemic and nobody showed up; or perhaps the virus was Thai-erred).

50% of American AIDS patients are presumptively diagnosed without a positive test (Medicine is producing a new film called *Presumed Guilty).*

The virus prefers males [90%], but the diseases it supposedly causes are not male specific (Maybe they are unisex).

The virus has never been present in AIDS cases in amounts great enough to cause disease and yet it supposedly kills people (Perhaps it's Sylvester Stallone or maybe Arnold Schwarzenegger).

Most of the time, the virus can't be found in patients with AIDS

(It's invisible).

The virus cannot be found in the lesions of Kaposi's sarcoma (It never heard the song ' I've Got You Under My Skin").

The virus cannot be found in the brain in dementia (It works by mental telepathy).

ln order to isolate the virus you have to culture at least 5 million leucocytes and it may take 15 tries (It ain't a cultured virus-it ain't even common).

172

The incidence of AIDS is 1/3lower in health care workers caring for AIDS patients than in the general population (The answer to AIDS -go to medical school)!

Laboratory rats treated with antibiotics and cortisone, both immunosuppressive, developed pneumocystis pneumonia which is the most common disease of AIDS (Imposters! How dare they!

Gallo will sue for misrepresentation).

AIDS hypothesis supporters say that the failure of the unproven HIV to meet Koch's Postulates, invalidates that 100-year-old standard for proof of causation (Huh?-yes, guesses are right and proof is wrong; black is white and...).

The mv test is for antibodies -that means the immune system is working (Great!Let's pack our bags and go home!Sorry, Dr.

Gallo, I forgot your bank account isn't fuJI yet).

The Centers For Disease Control in the U.S.A. never report the incidence of HIV in its HIV *I* AIDS Surveillance Reports (Hmmm!

Maybe the virus or somebody else paid them offi).

The correlations between HIV and AIDS deals mainly with antibodies and not the virus, and is detected by a worthless test (Whoops!

Let's just flip a coin).

mv correlates 50% with AIDS. Cytomegalovirus correlates 100%

with AIDS, as do drugs and the Epstien-Barr Virus. There are also significantly higher correlations with Hepatitis A, Hepatitis B, HSV, the Number of blood transfusions, malnutrition and starvation (Aha! I know, the BUTLER did it!).

Since HIV came onto the scene the median age of hemophiliacs has increased by 5 years (Hemophilia is a cure for AIDS?).

The risk of AIDS in HIV-positive non-hemophiliacs is twice that of HIV-positive hemophiliacs (Let's fmd a way to give everybody hemophilia).

The incidence of AIDS in the wives of HIV-positive hemophiliacs is 1/s of the number predicted by the AIDS hypothesis (marrying a

hemophiliac gives 80% protection from AIDS (Perhaps we should consider breeding hemophiliacs).

173

DEADLY DECEPTION

According to official statistics AIDS bas not spread for 7 years (Will somebody let it know there is supposed to be an epidemic?).

We are constantly being warned of the coming catastrophe. Yet there is evidence that mv has existed for millions of years (Don't worry, it's coming, it's coming, it's...).

lflV in non-drug using prostitutes is almost non-existent (Now there's an interesting alternative to condoms!).

Venereal disease and unwanted pregnancies have increased in the past 8-10 years, but not lflV (Get with it, lflV, or you will ruin your reputation).

Only 1 provirus (not the virus) was found out of I million cells in only 1 out of25 HIV-positive males (WOW! Call out the army, we're being invaded by "The Lone Bunny Rabbit").

Statistics indicate that if you want to get AIDS from an lllV-positive male, you have to be on drugs for a long time (Start immediately girls, there's no time to waste).

In the U.S.A. and Africa the evidence is conclusive that there is no difference in the incidence of AIDS diseases between HIV-positive and HIV-negative babies (What do babies know anyway?).

If AIDS were sexually transmitted, the perinatal (related to pregnancy) transmission would make it a pediatric disease. It is not (Children these days simply won't listen).

A report released by the U.S. Job Corps and the U.S. Army, which was based on millions of tests, indicated that *HN* was evenly distributed

between males and females in the age group from 17 to 24. The Center for Disease Control reports that 85% of the AIDS

cases in the same age group are males (Ma) be it has something to do with hormones. Sex change operation anyone?).

A proportionality exists between HIV and AIDS only if starvation, transfusions and drugs (including AZT), are involved. Otherwise HIV is meaningless (There I go again, confusing the issue with facts).

174

10% of male and female heterosexuals prefer anal intercourse.

The incidence of HIV and AIDS in those women is the same as compared to women who prefer vaginal intercourse. Yet, the incidence of AIDS is 90% male (Maybe IDV doesn't know which end is up, or perhaps it's the virus that's gay).

The incidence of HIV in Africa differs from one country to another and correlates with malnutrition and starvation, not gender or sexual preference (Now there's food for thought). Statistics show that in Africa it bas to take an average of 10,000 acts of intercourse to transmit AIDS as compared to the U.S.A. and Europe's 1,000.

That's an average of 22 times a week! Some must be doing it at least a hundred times a week (Maybe it's all propaganda).

HIV *in vivo* (in humans), when present, are rare, neutralized by antibodies (HIV-posi tive) and therefore non-infectious. *In vitro* (in the laboratory) they are infectious because there are no antibodies present. AIDS amongst laboratory workers is the same as the general population even though their exposure is a million times greater (They must wear condoms in the laboratory.Now that's what I call respect for science).

More than a dozen co-factors have been proposed as necessary to cause AIDS along with HIV which is either not there or sleeping (Typical of a

government agent even if it is a virus).

AIDS diseases are claimed to be the result of the immune deficiency or autoimmunity caused by HIV. However four of the major diseases, Kaposi·s sarcoma, lymphoma, dementia and wasting disease are not caused by immune deficiency. (Well, if Koch's postulates are old-fashioned, maybe the rest of our science should be scrapped too!After all, there's big money to be made from AIDS).

Hoffman , in 1990, in defense of his theory involving autoimmunity, wrote that all of"Duesberg's paradoxes" could be understood in the light of his (Hoffman's) ··model" (Now there's a brilliant scientist, make Duesberg responsible rather than the paradoxes of AIDS-Virus hypothesis).

The autoimmune theory of Hoffman fails to explain: the four diseases above, the specific diseases related to specific behavior (i.e. "poppers.. and Kaposi's sarcoma), the incredible differences between the mv-infected groups, the bias for males, the 80%

(U.S.A.) to 98% (Africa) HIV-positives who haven't developed AIDS since 1984 (fechnicalities, always technicalities).

One really "bright" or "bought" group of scientists, Shaw et al., argued (theory) for the formation of antibodies against the HIV

antibodies. If we accept their theory, then all viruses should cause AIDS (Would somebody please check what they've been smoking?).

Gallo, whose memory lapse about having stolen Mootaigner's virus, was declared guilty of "scientific misconduct.. by his peers, claims to having observed lllV killing primary T-cctls. Montaigner his "co-discoverer" wrote a paper declaring the exact opposite the same year, 1984 (Quiz: Who do you think is lying?).

Gallo, without any evidence and in direct contradiction to the 20

years of knowledge gained from the intensive and conclusive study of retroviruses by many scientists, claims that HlV kills its host cell

-upon which it depends for reproduction (Hark, ye husbands of childless women, there is yet hope. Kill thy mate and offspring shall abound).

The AIDS virus has been called mysterious, intelligent, strange, not ordinary, unpredictable and inconsistent (How about fraud?).

****

Chapter 11

A Helping Hand

PROFESSIONAL RESOURCES

The following is a *list* of comprehensive practitioners of complementary and alternative therapies and chelation.

Hopefully they will treat AIDS. If not give them a copy of my book, ask them to call me, and call them back in one week.

THE UNITED STATES

ALABAMA

Birmingham

P. Gus J. Prosch, Jr., MD

(205) 823-6180

ALASKA

Anchorage

F. Rusell Manuel, MD

(907) 562-7070

Robert Rowen, MD

(907) 344-7775

Soldotna

***Paul* G. Isaak, MD**

(907) 262-9341

Wasilla

Robert E. Martin, MD

(907) 376-5284

ARIZONA

Glendale

Lloyd D. Armold, DO

(602) 939-8916

Mesa

William W. Halcomb, DO

(602) 832-3014

Parker

S.W. Meyer, DO

(602) 669-8911

177

DEADLY DECEPTION

Phoenix.

Terry S. Friedmann, m

(602) 381-0800

Stanley R Olsztyn, MD

(602) 954-0811

Prescott

Gordon H. Josephs, DO

(602) 778-6169

Scottsdale

Gordon H. Josephs, DO

(602) 998-9232

Tempe

Garry Gordon, MD

(602) 838-:!079

ARKANSAS

•

I

Hot Spngs

William Wright, MD

(50 I) 624-3312

.

Leslie

Melissa Taliaferro, MD

(50 I) 447-2599

:

:

Little Rock

Norbert J. Becquet, MD

(501) 375-4419

.:

John L. Gustavus, MD

(501) **758-9350**

:

,

Spnngdale

Doty Murphy, III. MD

{501) 756-3251

CALIFORNIA

Albany

Ross B. Gordon, MD

(510) 526-3232

Auburn

Zane Kime, MD

(916) 823-3421

Bakersfield

Ralph G. Seibly, MD

(805) 873-1 000

CampbeU

Carol A. Shamlin, l\1D

(408) 378-7970

Chico

Eva Jalkotzy. MD

(916) 893-3080

Concord

John P. Tolh, MD

(510) 682-5660

Corte Madem

Michael Rosenbaum, 1D

(415) 927-9450

Covina

J ames Privitera, MD

(818) 966-1618

Daly City

Charles K. Dahlgren, MD

(415) 756-2900

El Cajon

William J. Saccoman, MD

(619) 440-3838

Encino

A. Leonard Klcpp, ?\ID

(818) 981-5511

Fresno

David J. Edwards, MD

(209) 251-5066

178

Grand Terrace

Bruce Halstead, MD

(714) 783-2773

Hollywood

James J. Julian, MD

(213) 467-5555

Joan Priestley, MD

(213) 957-4217

Huntington Beach Joan M. Resk, DO

(714) 842-5591

Lake Forest

David A. Steenblock. DO

(714) 770-9616

Laytonville

Eugene D. Finkle, ID

(707) 984-6151

Long Beach

H. Richard Casdorph, MD

(310) 597-8716

Los Altos

Robert F. Calhcart, ill.MD

(415) 949-2822

Claude Marquette, MD

(415) 964-6700

Los Angeles

Laszio Belenyessy, MD

(213) 822-4614

M. Jahangiri, MD

(213) 587-3218

Monterey

Lon B. Work, MD

(408) 655-0215

Newport Beach

Julian Whitaker, MD

(714) 851-1550

North Hollywood

David C. Freeman, MD

(818) 985-1103

Oxnard

Mohamed Moharram. MD

(805) 483-2355

Palm Desert

David H. Tang, MD

(714) 851-1550

Palm Springs

Sean Degnan, MD

(619) 320-4292

Porterville

John B. Park, MD

(209) 781-6224

Rancho Mirage

Charles Farinella, MD

(619) 324-0734

Redding

Bessie J. Tillman, MD

(916) 246-3022

Reseda

llona Abraham, ID

(818) 345-8721

Sacramento

Michael Kwiker, DO

(916) 489-4400

San Diego

Lawrence Taylor, MD

(619) 296-2952

179

DEADLY DECEPTION

San Francisco

Richard A. Kunin, l\ID

(415) 346-2500

Russell A. Lemesh, i\ID

(415) 731-5907

Paul Lynn, MD

(415) 566-1000

Gary S. Ross, MD

(415) 398-0555

San Leandro

Steven H. Gee, MD

(510) 483-5881

San Rafael

Ross B. Gordon, MD

(415) 499-9377

San Marcos

William C. Kubitschek, DO

(619) 744-6991

Santa Ana

Ronald Wempen, MD

(714) 546-4325

Santa Barbara

H.J. Hoegerman, MD

(805) 963-1824

Mohamed Moharam, MD

(805) 965-5229

Santa Maria

Donald E. Reiner, MD

(805) 925-0961

Santa Monica

Michael Rosenbaum, MD

(310) 453-4424

Murray Susser, MD

(310) 453-4424

Santa Rosa

Terri Su, MD

(707) 571-7560

Seal Beach

Allen Green, MD

(310) 493-4526

Smith River

JoAnn Hoffer, MD

(707) 487-3405

James D. Schuler, MD

(707) 487-3405

Stanton

William J. Goldwag, MD

(714) 827-5180

Studio City

Charles E. Law, Jr., MD

(818) 761-1661

Torrance

Anita Millen, MD

(310) 320-1132

Van Nuys

Frank Mosler, MD

(818) 785-7425

Walnut Creek

Alan Shifman Charles, MD

(510) 937-3331

Peter H.C. Mutke, MD

(510) 933-2405

180

COLORADO

Colorado Springs

Sandra Denton, MD

(719) 548-1600

James R. Fish, MD

(719) 471-2273

George Juetersonke, DO

(719) 528-1960

Englewood

John H. Altshuler, MD

(303) 740-7771

Grand Junction

Wtlliam L. Reed, ID

(303) 241-3631

CONNECTICUT

Torrington

Jerrold N. Finnie, MD

(203) 489-8977

DISTRICT OF COLUMBIA

Washington

Paul Beals, MD

(202) 332-0370

FLORIDA

Atlantic Beach

Richard Armstrong Worsham, MD

(904) 232-3234

Boca Raton

Leonard Haimes. MD

(407) 994-3868

Eric Hermansen, MD

(407) 392-4920

Narinder Singh Parhar, MD

(407) 479-3200

Bradenton

Eteri Meinkov, MD

(813) 748-7943

Fort Lauderdale

Bruce Dooley, MD

(305) 527-9355

Fort Myers

Gary L. Pynckel, DO

(813) 278-3377

Hollywood

Herbert Pardell, DO

(305) 989-5558

Homosassa

Carlos F. Gonzalez, MD

(904) 382-8282

Jupiter

Neil Ahner, 1viD

(407) 744-0077

Lakeland

Harold Robinson, MD

(813) 646-5088

Lauderhill

Herbert R Slavin, MD

(305) 748-4991

181

DEADLY DECEPTION

Maitland

Joya Lynn Schoen, MD

(407) 644-2729

Miami

Stanley J. Cannon, MD

(305) 279-3020

Joseph G. Godorov, DO

(305) 595-0671

Bernard J. Letourneau, DO

(305) 666-9933

North Lauderdale Narinder Singh Parhar, MD (305) 978-6604

Nonh Miami Beach Martin Dayton, DO

(305) 931-8484

Marshall Fram, MD

(305) 931-8484

Ocala

George Graves, DO

(904) 236-2525

or (904) 732-3633

Orange City

Travis L. Herring, MD

(904) 775-0525

Palm Bay

Neil Ahner, MD

(407) 729-8581

Pompano Beach Dan C. Roehm, MD

(305) 977-3700

Port Canaveral

James Parsons, 1\ID

(407) 784-2102

Sarasota

Joseph Ossorio, MD

(813) 921-6338

St. Petersburg

Ray Wunderlich, Jr., MD

(813) 822-3612

Tampa

Donald J. Carrow, MD

(813) 832-3220

Eugene H. Lee, MD

(813) 251-3089

Venice

Thomas McNaughton, lD

(813) 484-2167

Wauchula

Alfred S. Massam, MD

(813) 773-6668

Winter Park

James M. Parsons, MD

(407) 628-3399

Roben R. Rogers, MD

(407) 679-2811

GEORGIA

Atlanta

David Epstein, DO

(404) 525-7333

Milton Fried, 1\tD

(404) 451-4857

182

Bernard Mlaver, 1\lD

(404) 395-1600

Camilla

Oliver M. Gunter, MD

(912) 336-7343

Decatur

Naima ABO Elghany, MD

(404) 639-3385

Norcross

Stephen Edelson, 'MD

(404) 729-8359

Waner Robins

Terril J. Schneider, MD

(912) 929-1027

HA'VAll

Kailua-Kona

Clifton Arrington, MD

(808) 322-9400

IDAHO

Coeur d'Alene

Charles T. McGee, MD

(208) 664-1478

Nampa

John 0. Boxall, MD

(208) 466-3517

Stephen Thornburgh, DO

(208) 466-3517

Sandpoint

K. Peter McCallum, MD

(208) 263-5456

ILLINOIS

Arlington Heights

Ternll K. Haws, DO

(708) 577-9451

William J. Mauer, DO

(800) 255-7030

Aurora

Thomas Hesselink, MD

(708) 844-0011

Belvidere

M Paul Dommers, MD

(815) 544-3112

Chicago

Raz.van Rentea, MD

(312) 549-0101

Geneva

Richard E. Hrdlicka, MD

(708) 232-1900

Glen Ellyn

RobertS. Waters, MD

(708) 790-8100

Metamora

Stephen K. Elsasser, DO

(309} 367-2321

Moline

Tery W. Love, DO

(309) 764-2900

Oak Park

Paul J. Dunn, MD

(708) 383-3800

Ottawa

Terry \V. Love, DO

(815) 434-1977

Woodstock

John R.Tambone, MD

(815) 338-2345

Zion

Peter Senatore, DO

(708) 872-8722

INDIANA

Clarksville

George Wolverton, MD

(812) 282-4309

Evansville

Harold T. Sparks, DO

(812) 479-8228

Highland

Cal Streeter, DO

(219) 924-2410

Indianapolis

David A. Darbro, MD

(317) 787-7221

Mooresville

Norman E. Whitney, DO

(317) 831-3352

South Bend

David E. Turfier, DO

(219) 233-3840

Valparaiso

Myrna D. Trowbridge, DO

(219) 462-3377

IOWA

Des Moines

Beverly Rosenfeld, DO

(515) 276-0061

Sioux City

Horst G. Blume, MD

(712) 252-4386

KANSAS

Andover

Stevens B. Acker, MD

(316) 733-4494

Garden City

Terry Hunsberger, DO

(316) 275-7128

Hays

Roy N. Neil, MD

(913) 628-8341

Kansas City

John Gamble, Jr., DO

(913) 321-1140

KENTUCKY

Berea

Edward K. Atkinson

(606) 925-2252

Bowling Green

John C. Tapp, MD

(502) 781-1483

Louisville

Kirk Morgan, MD

(502) 228-0156

Nicholasville

Walt Stoll, MD

(606) 233-4273

184

Somerset

Stephen S. Kiteck, MD

(606) 678-5137

LOUISIANA

Chalmette

Jaroj T. Tampira, MD

(504) 277-8991

Manderville

Roy M. Montalbano, MD

(504) 626-1985

Natchitoches

Phillip Mitchell, MD

(318) 357-1571

(800) 562-6574

Newellton

Joseph R. Whitaker, MD

(318) 467-5131

New Iberia

Adonis J. Domingue, MD

(318) 365-2196

New Orleans

James P. Carter, MD

(504) 588-5136

Shreveport

R. Denman Crow, MD

(318) 221-1569

MAINE

Van Buren

Joseph Cyr, MD

(207) 868-5273

MARYLAND

Laurel

Paul V. Beals, MD

(30 I) 490-9911

Pikesville

Alan R. Gaby, MD

(41 0) 486-5656

Rockville

Harold Goodman, DO

(301) 881-5229

MASSACHUSETS

Barnstable

Michael Jansen, MD

(508) 362-4343

Cambridge

Michael Jansen, MD

(617) 661-6225

Hanover

Richard Cohen, MD

(617) 829-9281

Lowell

Svetlana Kaufman, MD

(508) 453-5181

Newton

Carol Englender, MD

(617) 965-7770

West Boylston

N. Thomas La Cava, MD

(508) 854-1380

Williamstown

Ross S. McConnell, MD

(413) 663-3701

ncmGAN

Atlanta

Leo Modzinski, DO, MD

(517) 785-4254

Bay City

Doyle B. Hill, DO

(517) 686-5200

Clarkston

Nedra Downing, DO

(313) 869-5070

Farmington Hills

Paul A. Parente, DO

(313) 626-7544

Albert J. ScarchiJJi, DO

(313) 626-7544

Flint

William M. Bernard, DO

(313) 733-3140

Kenneth Ganapini, DO

(313) 733-3140

Grand Rapids

Grant Born, DO

(616) 455-3550

Highland Park

Elizabeth M. Gidney, MD

(313) 869-5070

Linden

Marvin D. Penwell, DO

(313) 735-7809

Novi

Thomas A. Padden, DO

(313) 473-2922

Pontiac

Vahagn Agbabian, DO

(313) 334-2424

St. Clair Shores

R. B. Fahim, MD

(313) 779-5700

Richard E. Tapert, DO

(313) 779-5700

:MINNESOTA

Minneapolis

Michael Dole, MD

(612) 593-9458

Jean R. Eckerty, MD

(612) 593-9458

Tyler

Keith J. Carlson, MD

(507) 247-5921

.MISSISSIPPI

Coldwater

Praviochandra Patel, MD

(601) 622-7011

Columbus

James H. Sams, MD

(601) 327-8701

Ocean Springs

James H. Waddell, MD

(601) 875-5505

Shelby

Robert Hollingsworth, MD

(601) 398-5106

186

MISSOURI

Festus

John T. Schwent, DO

(314) 937-8688

Florissant

Tipu Sultan, MD

(314) 921-7100

Independence

Lawrence Dorman, DO

(816) 358-2712

James E. Swann, DO

(816) 833-3366

Kansas Cuy

Edward W. McDonagh, DO

(816) 453-5940

James Rowland, DO

(816) 361-4077

Charles J. Rudolph, DO

(816) 453-5940

Moumajn Hill

Doyle B. Hill, DO

(417) 926-6643

Rjchmond

Emerson W.lreland. DO

(816) 776-6933

Springfield

William C. Sunderwin.h, DO

(417) 869-6260

St. Louis

Octavia R. Chirino, MD

(314) 721-7227

Harvey Walker, Jr., MD

(314) 721-7227

Stockton

William C. Sunderwirth, DO

(417) 276-3221

Sullivan

Ronald H. Scott, DO

(314) 468-4932

Union

Clinton C. Hayes, DO

(314) 583-8911

:MONTANA

Billings

David C. Helow, MD

(406) 252-6674

NEBRASKA

Hartington

Steve Vlach, MD

(402) 254-3935

Omaha

Eugene C. Oliveto, MD

(402) 392-0233

Ord

Ous W. Miller, .MD

(308) 728-3251

l\TJ:VADA

Incline Vtllage

W. Douglas Brodie, MD

(702) 83207001

187

DEADLY DECEPTION

Las Vegas

Steve Holper, MD

(702) 878-3510

Ji-Zhou (Joseph) Kang, MD

(702) 798-2992

Robert D. Milne, MD

(702) 385-1999

Terry Pfau, DO

(702) 385-1999

Robert Vance, DO

(702) 385-7771

Overton

William 0. Murray, MD

(702) 397-2677

Reno

W. Douglas Brodie, MD

(702) 324-7071

David A. Edwards. MD

(702) 827-1444

Michael L. Gerber, MD

(702) 826-1900

Corazon Llarina, MD

(702) 827-1444

Donald E. Soli, MD

(702) 786-7101

Yiwen Y. Tang, J\.ID

(702) 826-9500

NEW JERSEY

Bloomfield

Majid Ali, MD

(201) 586-4lll

Cherry Hill

Allan Magaziner, DO

(609) 424-8222

Denville

Majid AJi, MD

(201) 586-4111

Edison

C.Y.Lee,MD

(908) 738-9220

Ralph Lev, MD

(908) 738-9220

Richard B. Menashe, DO

(908) 906-8866

Rodolfo Sy, MD

(908) 738-9220

Fort Lee

Gary Klingsbrog, DO

(20I) 585-9368

Lawrenceville

M. S. Cboudhry, MD

(609) 393-7383

Millville

Charles H. Mintz, MD

(609) 825-7372

188

New Monuth

Neil Rosen, DO

(908) 671-3730

Ortley Beach

Charles Harris, MD

(908) 793-6464

Ridgewood

Constance Alfano, MD

(201) 444-4622

Skillman

Eric Braverman, MD

(609) 921-1842

Somersit

Mark Condren

(908) 469-2133

Toms River

Charles Harris, MD

(908) 506-9200

Ivan Krohn, MD

(908) 506-9200

West Orange

Faina Muntis, MD

(201) 736-3743

NEW l\IEXICO

A1burquerque

Ralph J. Luciani, DO

(505) 888-5995

Gerald Parker, DO

(505) 884-3506

John T. Taylor, DO

(505) 884-3506

Roswell

Annette Stoesser, MD

(505) 623-2444

Santa Fe

Shirley B. Scott, MD

(505) 986-9960

Robert Friedman, MD

(505) 984-0354

Bert A. Lies, Jr., MD

(505) 982-4821

NEW YORK

Brentwood

Juan J. Nolasco, MD

(516) 434-4840

Bronx

Rtchard Izquierdo, MD

(212) 589-4541

Brooklyn

Gennaro Locurcio, MD

(718) 336-2291

Tsilia Sorina, 1\.ID

(718) 375-2600

Michael Teplitsky, MD

(718) 769-0997

Pavel Yutsis, MD

(718) 259-2122

East Meadow

Christopher Calapai. DO

(516) 794-0404

Falconer

Reina Hill, MD

(716) 665-3505

Forest Hills

Psilia Sorina, MD

(718) 261-9400

Huntington

Serafina Corsello, ID

(516) 271-0222

Lawrence

Mitchell Kurk, MD

(516) 239-5540

Lewiston

Donald M. Fraser, MD

(716) 284-5777

Massena

Bob Snider, MD

(315) 764-7328

Middletown

Henry C. Sobo, MD

(914) 344-3278

New York

Richard N. Ash, MD

(212) 628-3113

Robert C. Atkins, MD

(212) 758-2110

Serafina Corsello, MD

(212) 399-0222

Ronald Hoffman, MD

(21 2) 779-1744

Warren M. Levin, MD

(212) 696-1900

Niagara Falls

Paul Cutler, MD

(716) 284-5140

Oneonta

Richard J. Ecci, MD

(607) 432-8752

Orangeburg

Neil L.Block, MD

(914) 359-3300

Plattsburgh

Driss Hassam, MD

(518) 561-2023

Rhinebeck

Kenneth A. Bock, MD

(914) 876-7082

Suffern

Michael B. Schachter, MD

(914) 368-4700

Watervliet

Rodolfo T. Sy,

(518) 273-1325

Westbury

Savely Yurkovsky, MD

(516) 333-2929

NORTH CAROLINA

Aberdeen

Keith E. Johnson, MD

(919) 281-5122

190

Leicester

John L. Laird, MD

(704) 876-1617

Statesville

John L. Laird, MD

(704) 876-1617

(800) 445-4762

NORTH DAKOTA

Grand Forks

Richard H. Leigh, MD

(701) 775-5527

Minot

Brian E. Briggs, MD

(701) 838-6011

omo

Akron

Josephine Aronica, MD

(216) 867-7361

Francis J. Waickman, MD

(216) 867-3767

Bluffton

L. Terry Chappell, MD

(419) 358-4627

Canton

Jack E. Slingluff, DO

(216) 494-8641

Cincinnati

Ted Cole, DO

(513) 779-0300

Cleveland

John M. Baron, DO

(216) 642-0082

James P. Frackelton, MD

(216) 835-0104

Derrick Lonsdale, MD

(216) 835-0104

Douglas Weeks, MD

(216) 835-0104

Columbus

Robert R. Hershner, DO

(614) 253-8733

William D. Mitchell, DO

(614) 761-0555

Dayton

David D. Goldberg, DO

(513) 277-1722

Lancaster

Richard Sielski, MD

(614) 653-0017

Paulding

Don K. Snyder, MD

(419) 399-2045

Youngstown

James Ventresco, Jr., DO

(216) 792-2349

OKLAHOMA

Jenks

Leon Anderson, DO

(918) 299-5039

191

DEADLY DECEPTIO

Oklahoma City

Charles H. Farr, MD

(405) 632-8868

Charles D. Taylor, MD

(405) 525-7751

Norman

Hagglund, Howard, MD

(405) 329-4457

OREGON

Ashland

Ronald L. Peters, MD

(503) 482-7007

Eugene

John Gambee, MD

(503) 686-2536

Grants Pass

James Fitzsimmons, Jr., MD

(503) 474-2166

Salem

Terence Howe Young, MD

(503) 371-1558

PE SYL

Allentown

Robert H. Schmidt, DO

(215) 437-1959

D. Erik Von Kiel, DO

(215) 776-7639

Bangor

Francis J. Cinelli, DO

(215) 588-4502

Bedford

Bill fllingworth, DO

(814) 623-8414

Bethlehem

Sally Ann Rex, DO

(2 I 5) 866-0900

Elizabethtown

Dennis L. Gilbert, DO

(717) 367-1345

Fountainville

Harold H. Byer, MD

(215) 348-0443

Greensburg

R.A. Miranda, MD

(412) 838-7632

Hazleton

Arthur L. Koch, DO

(717) 455-4747

Indiana

Chandrika Sinha, MD

(412) 349-1414

Macungie

D. Erik Von Kiel, DO

(215) 967-5503

Mertztown

Conrad G. Maulfair, Jr., DO

(215) 682-2104

Mt. Pleasant

Mamduh El-Attrache, MD

(412) 547-3576

North Versailles

Mamduh El-Attrache, MD

(4 I 2) 673-3900

Philadelphia

Frederick Burton, MD

(215) 844-4660

192

Jose Castillo, ID

(215) 567-5845

46,47

Mura Galperin, MD

(215) 677-2337

P. Jayalakshmi, tv1D

(215) 473-4226

K.R. Sampathachar, MD

(215) 473-4226

Lance Wright, MD

(215) 387-1200

Quakertown

Harold Buttram, MD

(215) 536-1890

Somerset

Paul Peirsel, MD

(814) 443-2521

SOUTH CAROLINA

Columbia

Theodore C. Rozema. MD

(803) 796-1702

(800) 992-8350

Landrum

Theodore C. Rozema. MD

(803) 457-4141

(800) 992-8350

TENNESSE

Morristown

Donald Thompson, MD

(615) 581-6367

Nashville

Stephen L. Reisman, MD

(615) 383-9030

TEXAS

Alamo

Herbert Carr, DO

(512) 787-6668

Abilene

William Irby Fox, MD

(915) 672-7863

Amarillo

Gerald Parker, DO

(806) 355-8263

John T. Taylor, DO

(806) 355-8263

Austin

Vladimir Rizov, MD

(512) 451-8149

Dallao;

Brij Myer, MD

(214) 248-2488

Michael G. Samuels, DO

(214) 991 -3977

J. Robert Winslow, DO

(214) 24 1-4614

193

DEADLY DECEPTION

J. Robert Winslow, DO

(214) 243-7711

El Pa o

Ed\\ard J. Etti, MD

(915) 566-9361

Francisco Soto, MD

(915) 534-0272

Fort Worth

Dr. Charles M. Hawes

(8 I 7) 446-8416

Houston

Robert Banle, MD

(713) 932-0552

Jerome L. Borochoff, MD

(713) 461-7517

Luis E. Guerrero, MD

(713) 789-0133

Humble

John P. Trowbridge, :MD

(713) 540-2329

Kirbyville

John L. Sessions, DO

(409) 423-2166

La Porte

Ronald M. Davis, MD

(713} 470-2930

Pecos

Ricardo Tan, ID

(9 I 5) 445-9090

Plano

Linda Martin, DO

(214) 985-1377

Sweeney

Elizabeth Anne Cole, MD

(409) 548-8610

San Antonio

Ron Stogryn, MD

(512) 366-3637

Wichita Falls

Thomas R. Humphrey, MD

(817) 766-4329

UTAH

Provo

Dennis Harper, DO

(801) 373-8500

D. Remjngton, MD

(801) 373-8500

VIRGINIA

Annandale

Sohini Patel, t\ID

(703) 941-3606

Chantilly

Nonnan W. Levin, MD

(703) 802-8900

Hinton

Harold Huffman, MD

(703) 867-5242

Midlothian

Peter C. Gent, DO

(804) 744-3551

Norfolk

Vincent Speckhart, 1\110

(804) 622-0014

194

Trout Dale

Elmer M. Cranton. MD

(703) 677-3631

WASHINGTON

Bellevue

David Buscher, MD

(206) 453-0288

Bellingham

Robert Kimmel, MD

(206) 734-3250

Clinton

Bradford Weeks, MD

(206) 579-1532

Kent

Jonathan Wright, MD

(206) 631-8920

Kirkland

Jonathan Collin, MD

(206) 820-0547

Port Townsend

Jonathan Collin, MD

(206) 385-4555

Seattle

Michael G. Vesselago, MD

(206) 367-0760

Spokane

Burton B. Hart, DO

(509) 927-9922

Vancouver

Richard P. Huemer, MD

(206) 253-4445

Richard C. Heitsch, MD

(206) 253-4445

Yakima

Murray L. Black, DO

(509) 966-1780

Yelm

El mer M. Cranton, MD

(206) 894-3548

WEST VIRGINIA

Beckley

Purencio Corro. MD

(304) 252-0775

Michael Kostenko, DO

(304) 253-0591

Charleston

Steve *M.* Zekan, MD

(304) 343-7559

WISCONSIN

Green Bay

Eleazar M. Kadic, MD

(41 4) 468-9442

Lake Geneva

Rathna Alwa, MD

(414) 248-1430

Milwaukee

William J. Faber. DO

(414) 467-7680

J. Allen Robertson, Jr., DO

(414) 259-1350

Jerry N. Yee, DO

(414) 258-6282

Wisconsin Dells

RobertS. Waters, MD

(608) 254-7178

"WYO n::\G

Gillette

Rebecca Painter, MD

(307) 682-0330

****

196

INTERNATIONAL

There are many more practitioners than those listed here, who can provide the services you require. These practitioners can always refer you to one of their colleagues whose offices may be more accessible or offer a therapy that they don't. They very often will direct you to a professional organization in your country which has a complete listing. I am listing individuals that ihave personally met or whose credentials speak well for them.

AUSTRALIA

Victoria

DonvaJe R.B. Allen, MD

OJ 1-43-247-388

NEW SOUTH \VALES

Artarmon

Heather M. Bassett. MD

(043) 24-7388

Beecroft

Heather M. Bassett, MD

(043) 24-7388

(043) 23-6785

Chatswood

Tony Goh. MD

411-5011

Gosford

Heather M. Bassett, MD

(043) 24 7388

Mosman

Emmanuel Varipatis, MD

2-0604133

BAHAMAS

Nassau

Michael Ingraham, MD

(809) 323-3530

BELGIUM

Antwerpen

Rudy Proesmans, MD

011-32-3-2250313

Ghent

Michel De Meyer. MD

091-22-33-42

Tienen

Marc Verheyen, MD

011-32-1681 8393

BRAZIL

CUritiba

Oslim Malina. MD

0ll-41-252A395

Florianopolis

Jose P. Figueredo

011-482-22-4960

Osorio-RS

Jose Valdai de Souza, MD 011-55-51-6641269

197

DEADLY DECEPnON

Pelotas-RS

Antonio C. Fernandes, ID 011-55-53-2224699

Porto Alegre

Moyses Hodara, MD

011-55-51-2243557

Sao Paulo

Guilherme Deucher, MD

011-55-11-5719100

Wagner Fiori, MD

011 -55-11-2112019

Fernando L. Flaquer, MD

01 1-55-11-2112019

Carlos Eduardo Leite, MD

011 -55-11-4693899

Wilson Rondo, MD

011-55-11-820-4990

Sergio Vaisman, MD

011-55-11-2108210

CANADA

ALBERTA

Calgary

Louis Grondjn, MD

(403) 245-8008

1. **Soriano-Grondin, MD**

(403) 245-8008

Edmonton

Tris Trethart, MD

(403) 433-7401

K.B. Wiancko, MD

(403) 483-2703

BRITISH COLUMBIA

Errington

George Barber, MD

(604) 248-8956

Kelowna

Alex A. Neil, MD

(604) 765-2145

Vancouver

Saul Pilar, MD

(604) 739-8858

Donald W. Stewart. MD

(604) 736-1105

Zigurts Strauts, MD

(604) 736-1105

MANITOBA

Winnepeg

Howard N. Reed, MD

(204) 957-1900

ONTARIO

Blythe

Richard W. Street. MD

(519) 523-4433

198

SmithFalls

Clare Iinielly,

(613) 283-7703

Willowdale

Paul Cutler, MD

(416) 733-3151

COSTA RICA

San Jose

Fab1o Solano, MD

(506) 39-00-22

DEI\IARK

AabyjOCJ

Kurt Christensen, MD

06-126141

Copenhagen

Sven Feddersen, MD

945-31-584114

Humlebaek

Joergen Rugaard, MD

42 19 09 09

L)ngby

Claus Hanckce, MD

45 42 88 09 00

Skod borg

Bo Moglevang, MD

011-4542803200

Vejle

Knut T. Flytlie, MD

01 1-4575820346

Viby

Bruce P. Kyle, MD

86-293550

DO Ill\lCAN

Santo Domingo

Antonio Pannocchia, MD

565-3259

EGYPT

Cairo

Elham G. Behery, MD

011-202-3484517

E GLAI\'D

Kent

F. Schellander, MD

011-44-892-543536

Lancashire

Tarsem Lai Garg, MD

0942-676617

London

Tarsem Lai Garg, l\ID

071-486-1095

071-486-3812

West Sussex

Semi Khanna, MD

011-44-342-324984

FRANCE

Paris

Bruno Crussol, MD

011-33-1-47551919

Paul Musarella, MD

011-33-1-45621938

199

DEADLY DECEPTION

GERM;\."Y

Bad Fussing

Karl Heinz Caspers, MD 011-49-8531-21001

or 011-49-8531-21004

Bad Steben

Helmut Keller, MD

011-49-9288-5166

Bremerhavcn

Reiner W. Theis, MD

0471-52066

Rottach-Egem

Claus Martin, MD

011-49-8022-6415

Weme

Jens-Ruediger Collatz, MD

02389-3883

INDONESIA

Bandung

Benj. Widjajakusuma, MD

011-62-22-615277

Jakarta

Maimunah Affandi, MD

011-62-21-716927

Laurentius Dermawan, MD 011-62-21-7697525

Yahya K.isyanto, MD

01 J-62-21-334636

Hendra Setiady, MD

011-62-21-4713880

Hendra Setiady, MD

011-62-21-4713880

Dien G. H. Tan, MD

011-62-21-7203476

Rini J. Utama, MD

011-62-21-680-343

Semarang

Benny Purwanto, MD

011-62-24-516-275

ITALY

Palermo

Michele Ballo, MD

91-580301

KOREA

Seoul

J.K. Hyun, MD

Oll-82-2-514-7832

MALAYSIA

Melaka

Mohamed S. A. Ishak, MD

06-235878

06-239396

200

:MEXICO

Chihuahua

H. Berlanga Reyec;, MD

(95) 141-3-92-71

(95) 141-3-92-75

Juarez

Dr. Gerald Hall (D.C.)

915-598-0601

San Jeronimo

Demetrio Sodi-Pallares, MD (011) 525-681-1923

JALISCO

Guadelajara

Eleazar A. Carrasco, MD

25-16-55

F Navares Merino, MD

(36) 16-88-70

Juarez, Chth.

H. Berlanga, Reyes, MD

13-80-23

Francisco Soto. MD

52-16-162-601

Matamoros, Tamp. Frank Morales, Sr , MD

3-31-07

Tijuana

Joe

01 1-52-66-342233

Francisco Rique, MD

(706) 681-3171

Rodrigo Rodriguez. MD

(706) 681-3171

Roberto Tapia, MD

(706) 681-3171

Torreon, Coahuila

Carlos Lopez Moreno, MD

011-52-17-138140

1'\'ETHERLANDS

Enen-Leur

Peter Zeegers, MD

011-31-1608-17127

Haarlem

Eduard Schweden, MD

011-31-23-328833

Leende

P. van der Schaar, MD

011-31-4959-2232

Marc Verheyen, MD

011-31-4959-2232

Loenersloot

A. Verbon, t-.ID

011-31-2949-1289

Maastnchl

Rob van Zandvoort, MD

011-31-4362-3474

Oudenbosch

E.T. Oei, t-.ID

011-31-1652-17455

201

DEADLY DECEPTION

Rotterdam

Robert TJ.K. Trossel. ID

0I 13 I I 0126362

4147633

Velp

J.H. Leenders, MD

31-085-642742

NETHERLANDS-ANTILLES

Aruba

Adhemar E. Hart, MD

011-297-8-27263

St. Maarten

Sharon Ruth Brandon, MD

011-5995-53097

Robert T.H.K. Trosscl, l'viD

01 1-5995-53097

NEW ZEALAND

Auckland

Maurice B. Archer, DO

011-64-9-524-7743

45 or 48

R.H. Bundeliu, MD

011-64-9-2746701

Ra) mond Ramirez, MD

(09) 872-200

Christchurch

Robert Blackmore, MD

(03) 853-015

Masterton

T.J. Baily Gibson, MD

(059) 81-250

Napier

Tony Edwards, MD

(070) 354-696

Oxford,

N. Canterbury

Ted Walford, MD

(075) 86-808

Tauranga

Michael E. Godfrey, MD

(075) 78:!-362

NORWAY

Svinndal

Arild Abrahamsen, 10

011-9-286065

PANAl\-IA

Panama City

Frank Ferro, MD

011-507-27-4733

ext. 190

PHILIPPL'ffiS

Manila

Rosa M. Ami Belli, MD

50-03-23

Leonides Lerma, MD

57-59-11

202

Corazon Macawili-Yu, MD

50-03-23

Remedios L. Reynoso, MD

50-3-23

PUERTO RICO

Guayanilla, P.R.

Miguel A. Santos, MD

(809) 835-0649

Santurce

Pedro Zayas, MD

(809) 727-1105

SPAIN

1vtadrid

Dirk van Lith. MD, c/o Prof. Jonquin Prieto SWITZERLAND

Geneva

Roben Tissot.. ID

(22) 498875

Montreux

Claude Rosse!, MD

21-6351-01

Netstal (Giaru)

Waller Blumer, MD

058-61-28-46

TAIWAi.(R.O.C.)

Taipei

Paul Lin, MD

(Ta1pe1) (02) 507-2222

Ext. 1003

Yeh-Sung Lin, MD

886-2-507-8349

VENEZUELA

Puerto La Cruz

Rosella Mazzuka, MD

OJ 1-58-81-691272

WEST INDIES

JAMAICA

Montego Bay

H. Marco Brown, MD

011-809-952-3454

****

203

ORIENTAL MEDICINE, NATUROPATHIC

MEDICINE and NUTRITION

Advanced Wholil>tic Health

ln'\litute

5039 Connecticut A\ enue

Unit 48, N.W.

Washmgton, D.C. 20008

Phone: (202) 686-7130 or 7135

Fax:

(202) 686-7165

AYURVEDIC PRACTITIONERS:

Scott Gerson, MD

Karta Purkh Khalsa

Ayurvedic Medicine of New York Health Center 13 West 9th St.

1305 Northeast 45th St., Suite 205

New York, NY 1001

Seattle, \VA

Phone. (212) 505-8971

Phone: (206) 547-2007

Fax:

(206) 547-4240

PRACTITIONERS OF TRADITIONAL

CHINESE MEDICINE

Betances Healt h Unit

Miki Shima, OMD, Lie. Ac.

281 East Broadway

(Dr. of Oriental Medicine,

New York, NY I 0002

Licensed Acupuncturist)

Phone: (21 2) 227-8843

21Tamal Vista Boulevard, Suite 110

Holistically-oriented clinic

Cone Madera, CA 94925

Phone: (41 5) 924-29 I 0

Dr. Daniel H u c/o Oriental

Fax: (41 5) 924-5072

Healing Ans Instit ute

Contact: Diana or Brenda.

1945 Palo Verde Ave., Suite 208

Long Beach, CA 90815

Dr. Binyan Su n

Phone: (310) 431-3544

463 James Road

Treatmg Cancer wtth Chinese Palo Alto, CA 94306

Herbs($12.95) and other materials. Phone: (415) 858-0320

Ask for catalog.

Chinese speaking pattents only:

(415) 858-2520

Yiwen Y. Tang, M.D., H.M.D.

427 Bums Street

Reno, NV 89502

(702) 329-3927

204

PRODCCT RESOL""RCES

There are companies that handle a complete line of products and are indicated as general sources.

Eldridge Associates

KJabin Marketang

P.O. Box 11187

2067 Broadway

Orlando, FL 32803-0187

New York, NY I 0023

Phone: (800) 767-9096

Phone: (800) 933-9440,

Fax:

(407) 331-8202

in NY (212) 877-3632

Highest potency herbal medicines

and su pplements.

Amino acids

Advanced Health Resources

Acidophilus

Enrich International Products Dist.

Ecologtcal Fonnulas

P.O. Box 6725

1061-B Shary Circle

Jacksonville, FL 32236

Concord, CA 94518

Phone: (800) 781-6403

Phone: (800) 888-4585

Essiac Formula and over 200

(51 0) 827-2636

quality Herbal products - also

Fax.

(510) 676-9231

Power Plus (substttute for cottage

GY&N Nutnent Pharmacology

cheese) for Bud\\ tg Diet

P.O. Box 2252

Allerg) Research Group

Carlsbad, CA 92018

PO Box 489/400 Preda Street

Phone: (619) 434-6360

San Lenadro, CA 94577-0489

(800) 445-2122

Phone: (415) 639-4572 or

Fax:

(619) 434-0816

(800) 545-9960

KJaire Laboratories, Inc.

Ecological Formulas

PO Box 618

Carlsbad, CA 92008/00

1061-B Shary Circle

I0

Phone: (619) 744-9680

Concord, CA 94518

or

Phone: (800) 888 4585

(S I 0) 827-2636

4 Museum St. York,

YO

Fax: (510) 676-9231

I 2ES. England

Phone 0904 52378

GY&N Nutrient Pharmacology

f':atren

P.O. *Bo>*. 2252

I0935 Camanllo Street

Carlsbad, CA 92018

North Hollywood, CA 91602

Phone: (619) 434-6360

Phone: (800) 992-3233 or

(800) 445-2122

(800) 992-9393

Fax: (619) 434-0816

Aloe products

Jo Mar Labor.llories

Allergy Rcc;earch Group

251 East Hacienda Avenue

PO Box 489/400 Preda Street

Campbell CA 95008

San Lenadro, CA 94577-0489

Phone: {800) 538-4545 or

Phone: (415) 639-4572 or

(800) 847-8855

(800) 545-9960

Fax: (408) 374-5922

205

Amygdalin (B-17)

Antineoplastons

There are only two sources that I Burzynski Research Institute would trust in order to obtain

Outpatient Department

bioactive Amygdalin for I.V.:

6221 Corporate Drive

Houston, Texas

Andrew McNaughton

Phone: (713) 777-8233

c/o The McNaughton Foundation

416 W. San Isidro Blvd.,

Arginine (see Amino Acids)

Suite L-666

AJlergy Research Group

San Ysidro, CA 92173

PO Box 489/400 Preda Street

C.P.W. Rahlstedt

San Lenadro, CA 94577-0489

Box 73 0527

Phone: (415) 639-4572 or

D-W-2000 Hamburg, Germany

(800) 545-9960

Apricot kernels are available in

health food stores.

Ecological Formulas

1061-B Shary Circle

Anticoagulants

Concord, CA 94518

Leo R. Zacharski, MD

Phone: (800) 888-4585

Phone: (802) 296-5149

(510) 827-2636

Fax:

(510) 676-9231

Antioxidants

Allergy Research Group

GY&N Nutrient Pharmacology

PO Box 489/400 Preda Street

P.O. Box 2252

San Lenadro, CA 94577-0489

Carlsbad, CA 92018

Phone: (415) 639-4572 or

Phone: (619) 434-6360

(800) 545-9960

(800) 445-2122

Ecological Formulas

Fax:

(619) 434-0816

1061-B Shary Circle

Concord, CA 94518

Jo Mar Laboratories

Phone: (800) 888-4585

251 East Hacienda Avenue

(510) 827-2636

Campbell, CA 95008

Fax: (510) 676-9231

Phone: (800) 538-4545

GY&N Nutrient Pharmacology

P.O. Box 2252

Aristolochla Acid (KO)

Carlsbad, CA 92018

C.P.W. Rahlstedt

Phone: (619) 434-6360

P.O. Box 73 05 27

(800) 445-2122

D-W-2000 Hamburg 73 Germany

Fax: (619) 434-0816

Astragalus (see Herbs)

Miller Pharmacal Group

Ecological Formulas

4563 Prime Parkway Dr.

P.O. Box 1297

1061-B Shary Circle

Me

Concord, CA 94518

Henry, Illinois, 60050-1297

Phone: (800) 323-2935

Phone: (800) 888-4585

Fax: (815) 344-2378

(51 0) 827-2636

Fax:

(510) 676-9231

206

Kyolic (see Garlic)

Butyric Acid

Wakunaga of America Ltd.

Allergy Research Group

23501 Madero

PO Box 489/400 Preda Street

Mission Viejo, CA 92691

San Lenadro, CA 94577-0489

Phone: (714) 855-2776

Phone: (415) 639-4572 or

(800) 545-9960

Ayurvedic herbs

Ecological Fonnulas

American Association of

1061-B Shary Circle

Ayurvedic Medicine

Concord, CA 94518

Box 282

Phone: (800) 888-4585

Farifield, lA 52556

(51 0) 827-2636

Phone: (515) 472-5866

Fax:

(510) 676-9231

Orders: (800) 255-8322

ProBiologic Inc.

Ayur-Veda Berb Co.

West Willows Technology Ctr.

Nature Herbs (a division

14714 1\'E 87th Street

of Twinlabs)

Redmond, WA 98052

Box 336

Phone: (800) 678-8218

Orem, UT 84059

Ayush Herbs, Inc.

MAIL ORDER SOURCE

10025 N.E. 4th Street

OF LAETRILE:

Bellevue, WA 98004

(For intravenous use)

Phone: (206) 453-8022

VITACHEM

(800) 925-1371

INTERNATIONAL INC.

Fax:

(206) 451-2670

241 Hazel

Redwood City, CA 94061

Maharishi Ayur-Ved Products

International , Inc.

LIVINGSTON-WHEELER

417 Bolton Rd.

MEDICAL CLINIC

Lancaster, MA 0 I 523

3232 Duke Street

Phone: (508) 368-1818

San Diego, CA 92110

(800) 255-8332

(619) 224-3515

Benzaldehyde

C.P.W. Rahlstedt

Essential Oil Source

Box 73 0527

Phone: (800) 289-8427

D-W-2000 Hamburg, Germany

Dr. Hans Nieper

Sedan Strasse 21,

3000 Hannover I , Germany

Phone: 49-511-348-08-08

ANTINEOPLASTONS

Canthaxanthin

(BURZYNSKI):

Wholesale Nutrition

BURN:lYNSKI RESEARCH

P.O. Box 3345

L'lSTITlffE

Saratoga. CA 95070-1345

Outpatients Clinic:

Phone: (800)325-2664

6221 Corporate Drive

Houston, TX 77036

Chaparral

(7 13) 777-8'233

Tri-Sun North America

(71 3) 240-5227

109 1\2 Broadway

Box 1606

Vitamin C

Fargo, ND 58107

LINUS PAULING INSTITUTE

Phone: (800) 477 or

OF SCIENCE AND MEDICINE

(70I) 234-9654

440 Page Mill Road

Jason Winter's Tea contains red

Palo Alto, CA 94306

clover and Chinese herbs in addi-

(415) 327-4064

tion to chaparral.Chaparral tea as a

douche; for the precancerous con-

Allergy Research Group

dition, cervtcal dysplasia:four cap-

PO Box 489/400 Preda Street

sules in a quart of water, covered

San Lenadro, CA 94577-0489

for fifteen minutes. Strain out tbe

Phone: (415) 639-4572 or

particles and allow it to cool.

(800) 545-9960

Chelation

Ecological Formulas

Chelation should only be admmis-

1061-B Shary Circle

tered by a trained professional. See

Concord, CA 94518

the list under Professional Resource

Phone: (800) 888-4585

categories for members of The

(510) 827-2636

American College of Advances in

Fax: (510) 676-923l

Medicine.

GY&N Nutrient Pharrnacology

GY&N Nutrient Pharmacology

P.O. Box 2252

P.O Box 2252

Carlsbad, CA 92018

Carlsbad, CA 92018

Phone: (619) 434-6360

Phone: (619) 434-6360

(800) 445-2122

(800) 445-2122

Fax: (619) 434-0816

Fax: (619) 434-0816

Miller Pharmacal Group

Miller Pharmacal Group

4563 Prime Parkway Dr.

4563 Prime Parkway Dr.

P.O. Box 1297

P.O. Box 1297

Me Henry, niinois, 60050-1297

Me Henry, lllmois, 60050-1297

Phone: (800) 323-2935

Phone: (800) 323-2935

Fax:

(815) 344-2378

Fax: (815) 344-2378

208

Chinese Medicines

. Specialty Health Products

Phannacies in Chinatowns oflarger 21636 N. 14th Avenue, Suite A-1

cities.

Phoenix, AZ 85027

Phone: (602) 582-4950

Jian Kang Herbal and

Fax: (602) 581-8724

Mineral Products

427 Bums Street

DHEA

Reno, NV 89502

(Dehydroepiandrosterone)

(702) 329-3927

Belmar Pharmacy

8015 W. Alameda Ave.

Nuherbs Co.

Lakewood, CO 80226

3820 Penniman Ave.

(800) 525-9473

Oakland, CA 94619

Phone: (800) 233-4307

College Pharmacy

InCA: (415) 534-HERB

833 N. Tejon St.

Fax: (415) 534-3484

Colorado Springs, CO 80903

(800) 748-2263

Tashi Enterprises

3252 Ramona St.

DMSO

Pinole CA 94564

Natural Health Center

Phone: (800) 888-9998

PO Box N-8941

Third Terrace, Collins Avenue

Mrs. Tsong's Herbal Tonic Soups Nassau, Bahamas 379A Clementina St.

Phone: (809) 326-6565

San Francisco, CA 94103

Phone: (415) 441-5505

Rimso-50 Research Ind ustries

Fax: (415) 243-0194

Corporation Pharmaceutical

Division

Chlorophyll

6864 South 300 West

Life Extension Foundation

Midvale, UT 84047

Phone: (800) 544-0577

Michael B. Schachter, MD, PC,

Tri-Sun North America

and Associates

109 1/2 Broadway

Two Executi\'e Boulevard.Suite 202

Box 1606

Suffern, NY 10901

Fargo, ND 58107

Phone: (914) 368-4700

Phone: (800) 447-0235 or

(701) 234-9654

Vitamin E

A. C. Grace Company

Colonic Apparatus

1100 Quitman Road

Dotolo Research Corp.

Big Sandy, TX 75755

1 2555 Enterprise Blvd., #101

Phone: (903) 636-4368

Largo, FL 34643

Phone: (813) 535-3459

(800) 237-8458

Fax: (813) 535-8384

Electromagnetic Devices

Ecological Formulas

Alpha Energy Products, Inc.

1061-B Shary Circle

7027 SW 87th Court

Concord, CA 94518

Miami, FL 33173

Phone: (800) 888-4585

Phone: (305) 271-88J *5*

(510) 827-2636

Fax:

(510) 676-9231

Bluestone Clinic

Kay Kiernan

Emerson Ecologies

London, England

14 Newtown Road

Phone: 44-71-637-4533

Acton, MA 01720

Phone: I (800) 654-4432 or

Magne-tec Enterprises Inc.

1 (508) 263-7238

14 Connie Crescent, Unit 2

Concord, Ontario, L4K 2W8

Nicholas Gonzalez MD

Phone: (416) 669-1154

730 Park A venue

New York, NY 10021

Magnetoterapia. S.A. De C.V.

Phone: (212) 535-3993

Cerrada de Nicolas Bravo No. 31

Col. San Jeronimo Lidice CP 10200 GY&N Nutrient Pharmacology Mexico, D. F.

P.O. Box 2252

Phone: (0IJ) 525-681-1923

Carlsbad, CA 92018

Fax:

(Oil) 525-681-1923

Phone: (619) 434-6360

(Device developed by Dr. Sodi-

(800) 445-2122

Pallares.)

Fax:

(619) 434-0816

Sun Medical Equipment Centre

Ernst T. Krebs, Jr., DSc

Shop 57

John Beard Memorial Foundation

102 Railway Parade

P.O. Box 685

West Perth 6005

San Francisco, CA 9410 I

(City West Village) Australia

Phone: (415) 824-1067

Phone: 321 4021

Fax:

321 1569

Miller Phannacal Group

4563 Prime Parkway Dr.

P.O. Box I297

EnderJein Formulas

Me Henry, Illinois 60050-1297

Saoum-Kehlbeck

Phone: (800) 323-2935

GmbH and Co KG

Fax:

(8I 5) 344-2378

0-2812 Hoya West Germany

Mr. Davtd Sauder, Nutri Supplies

Enzymes

1020 Stony Battery Road

Advanced Medical Nutrition, Inc. Lancaster, PA 17601

P.O. Box 5012,2247 National Ave. Phone: (800) 999-2700

Hayward, CA 94540

210

NutriCology, Inc.

Essaac International

Allergy Research Group

1081 Ambl ide

P.O. Box 489

Ouawa, Ontario, Canada K2B8C8

San Leandro, CA 94577-0489

Phone: (613) 820-9311

Phone: (800) 782-4274

Fax:

(613) 820-8455

C P.W. Rahlstedt

Fiber

Box 73 0527

Ad.,.anced Medical Nutrition, Inc.

D-W-2000 Hamburg, Germany

P.O. Box 5012,2247 National Ave.

Source for Wobcnzym and

Hayward, CA 94540

Wobe-mugos

Fish Oil (Fatty Acids)

Scientific Consulting Service, Inc. Advanced Medical Nutrition, Inc.

5725 Chelton Drive

P.O. Box 5012,2247 National Ave.

Oakland, California 94611

Hayward, CA 94540

Phone: (415) 531-3246 or

Aquaculture Markeung Service

(4I 5) 632-2370

356 W Redview Dr.

Monroe, UT 84754

Stuff of Life

Phone: (801) 527-4528

P.O. Box 1268

Duvall, WA 98019

Ecologacal Formulas

Phone: (800) 7 j 3-7531

1061-B Shary Circle

Fax:

(206) 788-1564

Concord, C \ 94518

Phone. (800) 888-4585

Wakunaga of Amenca Lld.

(510) 827-2636

2305 Madero

Fax:

(51 0) 676-9231

Mission Viejo, CA 92691

Phone: (714) 855-2776

GY&N Nutrient Pharmacology

P.O. Box 2252

Essiac Formula

Car1c;bad, CA 92018

Phone: (619) 434-6360

Esc;.ac Products Service

(800) 445-2122

Incorporated

Fa"<·

(619) 434-0816

P.O Bo"< l3S7

Ft. Lauderdale, FL 3330 I

?\hiler Pharmacal Group

For mformation call:

4563 Prime Parkway Dr.

Phone: (305) 786-5::!21

P.0. Box 1297

Me Henry, lllinoas 60050-1297

Advanced Health Resources

Phone: (800) 323-2935

Enrich International Products Dist. Fax

(815) 344-2378

P.O. Box 6725

Jackson ville. FL 32236

Mountain Ark Trading Company

Phone: (800) 781-6403

Fayetteville, AR 7270 I

Essiac Formula and over 200 Phone: (800) 643-8909

quality Herbal products - also Flaxseed Oil (see Linseed Oil) Power Plus (substitute for cottage

cheese) for Budwig Diet.

Flutamide

Allergy Research Group

Patient Advocates for Advanced

PO Box 489/400 Preda Street

Cancer Treatments, Inc.

San Lenadro, CA 94577-0489

1143 Parmalee NW

Phone: (415) 639-4572 or

Grand Rapids, M1 49504

(800) 545-9960

Phone: (616) 453-1477

Miller Pharmacal Group

Food Supplements

4563 Prime Parkway Dr.

Standard Process Inc.

P.O. Box 1297

1200 West Royal Lee Drive

Me Henry, ILlinois 60050-1297

Palmyra, Wl 531 56

Phone: (800) 323-2935

Phone: (414) 495-2122

Fax: (815) 344-2378

(800) 848-5061

Ginseng

Garlic

Jin Han International Inc.

Advanced Medical Nutrition, Inc. Brooklyn NY 11211

P.O. Box 5012,2247 National Ave.

Hayward, CA 94540

New York's Chinatown

(Just about anywhere)

Arizona Natural Products,

Michael Hanna

Pacific Foods Inc.

8281 E. Evans Road, 104

Los Angeles, CA 900II

Scottsdale, AZ 85260

Phone: 602144

YSK International Corp.

Kyoto, Japan,

Pleasant Groves Farms

and marketed in the US by:

Ed or Wynette Sills

Sun Ch lorella

P.O. Box 636

Torrance, CA

Pleasant Grove, CA 95668

Phone: (916)655-3391

Green Tea

Wak.unaga of America Ltd.

The American Heahh Foundation

23501 Madero

I Dana Road

Mission Viejo, CA 92691

Valhalla, NY 10595

Phone: (714) 855-2776

Phone: (914) 592-2600

Fax: (914) 592-631 7

Walnut Acres Walnut

Acres Road Penns

Wah Yin Hong Enterprises

Creek, PA 17862

232 Canal Street

Phone: (800) 433-3998

New York, NY 10013

Phone: (212) 9-tl-8954

Germanium

Advanced Medical Nutrition, Inc.

P.O.Box 5012,2247 National Ave.

Hayward, CA 94540

212

Glandulars and Herbals

Eclectic Institute

Allergy Research Group

11231 SE Market Street

PO Box 489/400 Preda Street

Portland OR 97216

San Lenadro, CA 94577-0489

Phone: (503) 256-4330 or

Phone: (415) 639-4572 or

I (800) 332-4372

(800) 545-9960

Ecological Formulae; I

Bio Life

061-B Shary Circle

1717 N. Bayshore Drive #1836

Concord, CA 94518

Miami, FL 33132

Phone: (800) 888-4585

Phone: (305) 375-0200

Fax: (305) 375-0009

Fu turebiotics

48 Elliot Street

Ecological Formulas

Brattleboro, VT 05301

1061-B Shary Circle

Phone: Karen Reardon at

Concord, CA 94518

I (800) 367-5433

Phone: (800) 888-4585

GY&N Nutriem Pharmacology

GY&N Nutriem Pharmacology

P.O. Box 2252

P.O. Box 2252

Carlsbad, CA 92018

Carlsbad, CA 92018

Phone: (619) 434-6360

Phone: (619) 434-6360

(800) 445-2122

(800) 445-2122

Fax: (619) 434-0816

Fax: (619)434-0816

Jian Kang Products/

Miller Ph ar macal Group

Di vision of Vital i ne

4563 Pri me Parkway Dr.

P.O. Box 71 435

P.O. Box 1 297

Reno, NV 89570-1 435

Phone: (702) 329-3927

Me Henry, lllinois 60050-1297

Phone: (800) 323-2935

Fax: (702) 829-2886

Fax: (8 I 5) 344-2378

Jones Medical Industries, Inc.

1945 Cra1g Road

Herbs

St. LOUIS, MO 63146

Advanced Health Resources

Phone: (314) 576-6100

Enrich International Products Dist.

(800) 525-8466

P.O. Box 6725

Fax: (314) 469-5749

Jacksonville, FL 32236

(800) 722-3821

Phone: (800) 781-6403

Essiac Formula and over 200 Karuna Corporation quality Herbal products - also 42 Digital Drive Power Plus (substitute for cottage Novato, CA 94949

cheese) for Budwig Diet.

Phone: (41 5) 382-0147

Fax: (800) 826-7225

213

Phyto-Pharmica

Similia Laboratories, Inc.

PO Box 1348

Editorial Staff: Luc Chaltin, ND

Green Bay, Wisconsin 54305

Phone: I (800) 553-2370

Standard Homeopathic Co.

Fax:

(414) 437-4087

210 W !31st St.

Box 61067

Pro Natura

Los Angeles, CA 9006I

7616 Lindley, Suite 9

Phone: (800) 624-9659 or

Reseda, CA 9I335

(213) 321-4284

Phone: (818) 706-0I47

Fax: (213) 516-8579

Solaray

Hoxsey Formula

2815 Industrial Drive

BIO-Medical Center

Ogden, Utah 84401-9983

clinic is in Tijuana

P.O. Box 727, General Ferre1ra 615

Yerba Prima

Col Juarez, Tijuana, B.C. Mexico

PO Box 2569

Phone: (706) 648-90II

Oakland, CA 94614

Lenex Laboratory

Homeopathies

PO Box 358

Bioenergetics, Inc.

Watersmeet, Ml 49969

39084 Proctor

Phone: (906) 358-4802

P.O. Box 127

Product similar to Hoxsey's

Sandy, OR 97055

external salve.

Phone: (503) 668-7478

(800) 334-4043

Hydrazine sulfate

Dr. Joseph Gold

Biological Homeopathic Industries Syracuse Research Institute 11600 Cochiti S.E.

600 East Genesee Street

Albuquerque, NM 87123

Syracuse, NY 13202

Phone: (505) 293-3843

Phone: (315) 472-6616

(800) 621-7644

Fax:

(505) 275-1672

Ms. Donna Schuster

Great Lakes Metabolics

HOM.INT.

1724 IIiawatha Court, NE

P.O. Box 410240

Rochester. MN 55904

D-7500 Karlsruhe, Germany

Phone. (507) 288-2348

Phone: (49) 721 4093 228

Fax:

(49) 721 4093 602

Syracuse Cancer Research

Institute Inc.

Presidential Plaza

600 East Genesee Street

Syracuse, NY 13202

(315) 472-66 I 6

214

Iscador

Allergy Research Group

Society for Cancer Research

PO Box 489/400 Preda Street

(Swiss Anthroposophic

San Lenadro, CA 94577-0489

Organisation) in Arlesheim,

Phone: (415) 639-4572 or

Switzerland

(800) 545-9960

Rudolf Stemer

A.R. Donohoe

Fellowship Foundation

1267 Southeast Ave.

41 Hungry Hollow Road

Tallmadge, Ohio

Spring Valley, NY 10977

(216) 434-2927

Phone: (914) 356-8494/9146835

Ecological Formulas

The Lukas KJinik

1061-B Shary Circle

CH-4144 Arlesheim, Switzerland Concord, CA 94518

Phone: 41-61-72-3333

Phone: (800) 888-4585

Dr. H. B. von Laue

GY&N Nutrient Phannacology

KJinik Oschelbronn, Am Eichbof

P.O. Box 2252

753 Niefern-Oschelbronn 2,

Carlsbad, CA 92018

Germany

Phone: (619) 434-6360

Phone: 0 72 33 6 80

(800) 445-2122

Fax: 0 72 33 6 81 10

Fax: (619) 434-0816

Miller Pharmacal Group

Juices *I* Dehydrators

4563 Prime Parkway Dr.

Gibson's Healthful Living

P.O. Box 1297

215 Exit Inland Ctr. Dr.

Me Henry, Illinois 60050-1297

570 South "E" Street

Phone: (800) 323-2935

San Bernardino, CA 92408

Fax: (81 5) 344-2378

Phone: (714) 889-3081

(800) 388-6844

Staff of Life

P.O. Box I 268

Kombucha

Duvall, WA 98019

Samia R. Cunningham

Phone: (800) 743-7531

31 II Raven Rd.

Fax: (206) 788-1564

Orlando, FL 32803

Urea

Lactobacillus

Bio-Tech of Fayetteville

Advanced Med1cal Nutrition, Inc. PO Box 1992

P.O.Box 5012,2247 National Ave. Fayetteville, AR 72702

Hayward, CA 94540

Phone: (800) 345-1199 or

(50I) 443-9148

Will ship direct to patients, if doctor

so directs.

215

Dr. Evangelos D. Danopoulos

Squalene

12 Rigillis Str., 106-74

GY&N Nutrient Pharmacology

Athens, Greece

P.O. Box 2252

Phone: 011-301-721-5318

Carlsbad, CA 92018

Phone: (619) 434-6360

Guillermo J. Panafox, M.D.

(800) 445-2122

3003 Gobernor Lane

Fax: (619) 434-081 6

Tijuana. Mexico

Contact:

Linseed Oil (Flaxseed Oil)

Sierra Clinics

Omega Nutrition U.S.A. Inc.

P.O. Box 3187

6505 Aldrich Road

Walnut Creek, CA 94598

Bellingham, WA 98226

Phone: (206) 384-1 238

Pharmaceuticals International

Speak to Bob Wal berg - very

539 Telegraph Canyon Road 227

helpful. Reliable and excellent

Chula Vista, CA 920I 0

source for fresh cold-pressed and

Phone: (800) 365-3698

unrefined flax seed oil and a wide

variety of excellent oils. Highly

Vincent Speckhart, MD

recommended for Budwig Diet.

902 Graydon Avenue, Suite 2

Norfolk, VA 23507

Barlean's Organic Oils

Phone: (804) 622-0014 or

4936 Lake Terrell Road

(804) 622-5333

Ferndale, WA 98248

Phone: (206) 384-0325

David Steenblock, DO

(800) 445-3529

22821 Lake Forest Drive, Suite 114

El Toro, CA 92630

Phone: (714) 770-9616

Linseed Oil Capsules

Ad vanced Health Resources

Shark Cartilage

Enrich International Products Dist.

Allergy Research Group

P.O. Box 6725

PO Box 489/400 Preda Street

Jacksonville, FL 32236

San Lenadro, CA 94577-0489

Phone: (800) 781-6403

Phone: (415) 639-4572 or

Essiac Formula and over 200

(800) 545-9960

quality Herbal products - also

Power Plus (su bstitute for cottage

Cartilage USA Sales, Inc.

cheese) for Budwig Diet.

222 Grace Church St.

Port Chester, NY I 0573

Megace

Phone: (914) 939-9000

Dr. Patricia A. Johnson, MD

Fax: (914) 939-9002

Carle Clinic, University of illinois

602 West Umversity

Ecological Formulas

Urbana, IL 61801

1061-B Shary Circle

Phone: (217) 383-3010

Concord, CA 94518

Phone: (800) 888-4585

216

Dr. Jamie H. von Roenn

N.E.S.S.

Department of

2903 NW Platte Rd.

Hematology/Oncology

Riverside, MO 64150

Northwestern University

Phone: (816) 746-0110

Medical School

(800) 637-7893

233 East Erie, Room 700

Ortho Molecular Products, Inc.

Chicago, IL 60611

565 N. Walworth Rd.

Phone: (312) 908-5284

Walworth, WI 53184

Phone: (414) 275-9785

Methylene blue

Health Enhancement Services, Inc. Onconase

30 West Mashta Drive

Alfacel1 Corporation

Key Biscayne, FL 33149

25 Belleville Avenue

Phone: (305) 365-9000

Bloomfield, NJ 07003

Star Pharmaceuticals

Phone: (201) 748-0882

1990 N.W. 44th Street

Fax:

(201) 748-1355

Pompano Beach, FL 33064

New York Medical College

Phone: 304-971-9

Department of Oncology

Munger Pavilion, Room 250

Webcon Pharmaceuticals

Valhalla, NY 10595

PO Box 6380

Patent Contact:

Fort Worth, TX 76115

Dr. Mittleman or Dr. Chun

Manufactures Urised (reg),

Phone: 9148374

contains methylene blue.

Fax:

(914) 993-4420

Phone: (817) 293-0450

The Thompson Cancer

Mu-er

Survival Center

Wah Yin Hong Enterprises

Knoxville, TN

Canal Street

Principal Investigator:

New York, NY 10013

Dr. John Costanzi

Phone: (212) 941-8954

Patent contact: Jan Miller

Phone: (615) 54 I -4966

Mushrooms

OZONE

Maitake Products, Inc.

International Assoc.

P.O. Box 1354

for Oxygen Therapy

Paramus, NJ 07653

P.O. Box 1360

Phone: (800) 747-7418 or

Priest River, ID 83856

(201) 612-0097

(208) 448-2504

Nutritional Supplements

03 TECH MFG. INC.

Murdock Madaus Schwabe

James J. Brown

Professional Products, Inc.

I 101 S. Rogers Circle

I 0 Mountain Springs Parkway

Boca Raton, FL 33487

Springville, UT 84663

(407) 997-5966

Phone: (800) 962-8873

(All attachments for shower,

(801) 489-1423

whirlpool incl.)

217

DEADLY DECEPTION

OZO-PURE James DuBois

Allergy Research Group

(Systems and Con ultants)

PO Box 489/400 Preda St reet

P.O. Box 3008

San Lenadro, CA 94577-0489

Myn.Je Creek, OR 97457

Phone: (415) 639-4572 or

I (800) 557-0303

(800) 545-9960

(Air and Water Purification,

Attachments available)

Ecological Formulas

1061-B Shary Circle

Ozonator Brad Hunter

Concord, CA 94518

(Factory Rep.)

Phone: (800) 888-4585

5442 So. 900 E. Su ite 112

Salt Lake Cit y, Utah 84117

Futurebiotics

Phone: 1 (800) 578-7035 or

48 Eltiot St r.

(801) 578-7035

Brattleboro, VT 05301

Phone: (800) 367-5433

Dr. Hansler OZONOSAN

Nordring 8, 76473

GY&N Nutrient Pharmacology

Iffezhelm. Germany

P.O. Box 2252

Tete: 07229/30 46 0

Carlsbad, CA 92018

Fax: 07229/30 46 30

Phone: (619) 434-6360

(800) 445-2122

Pau d'Arco

Fax:

(619) 434-0816

Ecological Formulas

1061-B Shary C1rcle

Miller Pharmacal Group

Concord, CA 94518

4563 Prime Parkway Dr.

Phone: (800) 888-4585

P.O. Box 1297

Me Henry, Jllinois 60050-1297

Lindberg Nutrition

Phone: (800) 323-2935

Tor rance, CA

Fax:

(81 5)344-2378

Phone: (800) 338-797

Fax: (310) 371-81 77

Spices

Tumeric and other spices are

Tachyon

ava!lable in most markets and

Tachyon Energy Research

health food stores.

2200 Pacific Coast Hwy.• Suite 304

Hermosa Beach, CA 90254

Vitamin • Minerals

Phone: (310) 374-8777

Advanced Medical Nutrition, Inc.

(800) 333-2502

P.O. Box 5012,2247 National A\ e.

Fax: (310) 374-1138

Hayward, CA 94540

Ubiquinone (Co-enzyme Q-10) Allergy Re earch Group Advanced Medical Nutrition, Inc. PO Box 489/400 Preda Street P.O. Box 5012.2247 National Ave. San Lenadro, CA 94577-0489

Hayward, CA 94540

Phone: (415) 639-4572 or

(800) 545-9960

218

Ecological Formulas

Miller Pharmacal Group

l061-B Shary Circle

4563 Prime Parkway Dr.

Concord, CA 94518

P.O. Box 1297

Phone: (800) 888-4585

Me He'1ry, lllinois 60050-1297

Phone: (800) 323-2935

GY&N Nutrient Pharmacology

Fax:

(815) 344-2378

P.O. Box 2252

Carlsbad, CA 92018

Phone: (619) 434-6360

(800) 445-2122

Fax: (619) 434-0816

GENERAL SOURCES

Advanced Health Resources

Bio-Therapeutics!Phyto-Pharmica

P.O. Box 6725

825 Challenger Drive

Jacksonville, FL 32236

Green Bay, WI 54311

Phone: (904) 781-6403

Phone: (414)469-9099

(800) 781-6403

(800) 553-2370

Essiac Formula and over 200 Fax:

(414) 469-4400

quality Herbal products - also

Power Plus (substitute for cottage CHI'S Enterprise, Inc.

cheese) for Budwig Diet.

5140 East La Plama Ave., Ste. 103

Anaheim, CA 92807

American Advanced Nutrition

Phone: (714) 777-1542 (Day)

27071 Cabot Road, Suite 121

(714) 921-1957 (Evening)

Laguna Hills, CA 92653

Fax:

(714) 998-6090

Phone: (714) 582-4141

(800) 514-5115

CMC, Inc.

Fax: (714) 582-8461

201 Route 22

Hillside, NJ 07205

American Biologics

Phone: (20I) 923-9444

1180 Walnut Avenue

Fax:

(201) 923-2441

Chula Vista, CA 91911

Phone: (619) 429-8200

DaVinci Laboratories

USA: (800) 227-4473

20 New England Drive

Fax: (619) 429-8004

Essex Junction, VT 05453

Phone: (802) 878-5508

Apothe'Cure, Inc.

(800) 325-1776

13720 Midway Rd., Suite 109

Fax:

(802) 878-0549

Dallas, TX 75244

Phone: (214) 960-660I

International Power Foods

(800) 969-660I

P.O. Box 1537

Fax: (214) 960-6921

Myrtle Creek, OR 97457

Phone: (800) 557-0303

219

Medi-Piex International Inc.

Phyne Pharmaceuticals, Inc.

520 Washington St., Suite 391

American Pharmaceutical Ent., Inc.

Marinade! Rey, CA 90292

7950 E. Redfield Rd., Suite 110

Phone: (310) 577-8418

P 0. Box 12543

(800) 292-6006

Scottsdale, AZ 85267

Fax:

(310) 306-1058

Phone: (602) 998-4142

(800) 345-330l

Meril Pharmaceuticals

Fax:

(602) 443-4775

2611 San Fernando Road

Los Angeles, CA 90065-1316

Vitaline Formulas

Local: (213) 227-4831

Ashland, OR 97520

CA:

(800) 69-MERIT

Phone: (503) 482-9231

Nat'I: (800) 421-9657

(800) 648-4755

Fax:

(213) 227-4833

Fax:

(503) 482-9112

Metagenics

5410 Highway 12

Maple Plain, Ml'l 55359

Phone: (612) 479-3444

(800) 444-9998

PHARMACEUTICALS

- that are sometimes difficult to obtain in smaller cities and towns.

Professionals only. Some fill prescriptions.

Belmar Pharmacy

The Mail Ord er Pharmacy

8015 W. Alameda Ave., Suite 100 3170 Federal Highway - Suite 104B

Lakewood, CO 80226

Lighthouse Point, FL 33064

Phone: (800) 525-9473

Phone: (800) 822-5388

Fax:

(305) 786-1304

College Pharmacy

833 N. Tejon St.

Well ness Health & Pharmaceuticals

Colorado Springs, CO 80903

Supplements and Prescriptions

Phone: (800) 748-2263

at discount prices

2800 South 18th Street

Birmingham, Alabama 35209

Phone: I {800) 227-2627 or

(205) 879-6551

INFORMATION RESOURCES

International Societies

World Institute of

Inti. Society for

Ecology and Cancer

Preventive Oncology

Rue de Fripiers 24 his B-1000

217 East 85Lh Str. 303

Bruxelles, Belgium

New York, NY I 0028

Phone: (32 2) 219 08 30

Phone: {212) 534-4991

220

European Society for

Arlin J. Brown Information Center

Psychosocial Oncology

PO Box 251

Service d'Hematologie, Hotel-Dieu Ft. Belvoir, VA 22060

Place du Parvis, Notre-Dame,

Phone: (703) 451-8638

F-75181 Paris

CEDEX 04 France

Cancer Control Society

2043 N. Berendo St.

International Psycho-oncology

Los Angeles, CA 90027

Project

Phone: (213) 664-7801

Bergstrasse 10, D-2900

Can Help

Oldenburg, Germany

3111 Paradis Bay Road

Phone: (49 441)1 31 47

Port Ludlow, WA 98365

(206) 437-2291

World Health Org.,

Melanoma Program

Comm. for Freedom of Choice

Instit. Nazionale Tumori,

in Medicine

Via Veneziana 1

1180 Walnut Ave.

I-20133 Milano, Italy

Chula Vista, CA 92011

Phone: (39 2) 29 39 92

Phone: (800) 227-4473

Fax: (619) 429-8004

Inti.Comm. for Protection Against

Environmental Mutagens &

European Institute for

Carcinogens,

Orthomolecular Sciences

Medical Biological Laboratory

P.O. Box 420, 3740

TNO

'

A.K. Baam, Holland

P.O. Box 45, 2280 AA

Rijswijk, Netherlands

Foundation for Advancement

in Cancer Therapy

American Assoc. of

Box 1242, Old Chelsea Sta

Orthomolescular Medicine

New York, NY 10113

7375 Kingsway Burnaby

Phone: (212) 741-2790

British Columbia, V3N3B5 Canada

Gerson Institute

American College of

PO Box 430

Advances m Medicine

Bonita, CA 91908

231 Verdugo Drive, Suite 204

Phone: (619) 267-1150

Laguna Hills, CA 92653

Fax:

(619) 267-6441

Phone: (714) 583-7666

Inti. Academy of Nutrition and

Alternative Cancer Therapies

Preventive Medicine

2043 N. Berendo Street

PO Box 18433

Los Angeles, CA 90027

Asheville, NC 28814

(203) 663-7801

Phone: (704) 258-3243

Fax:

(704) 251-9206

221

Inti. Assn. of Cancer Victors American Academy of

& Friends

Environmental Medicine

7740 W. Manchester Ave., No. 110 PO Box 16106

Playa del Rey, CA 90293

Denver, CO 80216

Phone: (213) 822-5032

Fax:

(213) 822-5132

Journal of Orthomolescular

Medicine/CFS, 16 Florence Ave.

We Can Dol

Toronto, Ontario,

1800 Augusta, Ste. 150

M2N 1E9, Canada

Houston, TX 77057

Phone: (416) 773-2117

Phone: (713) 780-1057

Price-Pottenger

Ontario Naturopathic Association

Nutrition Foundation

4195 Dundas Street West

PO Box 2614

-Suite 213

La Mesa, CA 92044-2614

West Toronto, Ontario

M9X 1 X8 Canada

The National Health Federation

(416) 234-5560

PO Box 688

Monrovia, CA 91016

People Against Cancer

Phone: (818) 357-2183

Box 10, Otho, lA 50569

Leading organization for freedom

Phone: 1 (515) 972-4444

of choice in medicine.

Fax:

(515) 972-4415

Coalition for Alternatives in

Nutrition and HeaJthcare, Inc.

Simonton Cancer Center

(CANAH)

PO Box 890

PO Box B-12

Pacific Palisades, CA 90272

Richlandtown, PA 18955

Phone: (213) 459-4434

Belmar Pharmacy

Biological Homepathic Industries 8015 W. Alameda Ave., Suite 100

11600 Cochiti S.E.

Lakewood, CO 80226

Albuquerque, New Mexico 87123 Phone: (800) 525-9473

Phone: (800) 621-7644 or

(505) 293-3843

College Pharmacy

Fax:

(505) 275-1672

833 N. Tejon St.

Colorado Springs, CO 80903

Wright/Gaby Nutrition Institute

Phone: (800) 748-2263

PO Box 21535

Baltimore, MD 21208

Natural Therapy Products

17 Blytheswood Ave.

Academy of Orthomolescular

Warrawee NSW2074,

Medicine/Huxley Institute

Australia 02-44-7552

PO Box 1731

Boca Raton, FL 33429

222

Villain Limited

The Life Extension Foundation

PO Box 467, Glasgow,

PO Box 229120

G52 2UF, Scotland

Hollywood, Florida 33022-9120

Phone: 041 425 1930

James W. Prescott, Ph.D.

Society of Complementary

Biobeha\ ioural Systems

Medicine in London

5175 Luig1 Terrace 35

31 Weymouth Street,

San Otego, CA 92122

London, WIN 3FJ. U.K.

Phone: 071 436 0821

Advanced Wholistic Health

Institute

Heal

5039 Connecticut Avenue

Health/Education Aids Liason

Unit 4B, N.W.

P.O. Box II03

Washington, D.C. 20008

Old Chelsea Station

Phone: (202) 686-7130 or 7135

New York, NY 10113

Fax:

(202) 686-7165

Phone: (800) 41 0-HEAL

in r-,.ry (212) 873-0780

Homeopathic Education

and Research

5916 Chabot Crest

Oakland, CA 94618

Phone: (415) 420 8791

APPENDIX

Sample letters (telegram) to the Congress, Senate, Parliament or appropriate officials

and representatives of your government

(You should write it in your own words if possible) Dear

I strongly support an investigation of the possibility of a major fraud in relation to the entire so-called AIDS crisis. Many of the world's most prominent researchers have raised serious questions as to its cause, treatment and research difficulties. It appears that the epidemic may have nothing to do with a virus, but is, in reality, an expression of excessive drug use, both medically and illegally in the "street". Please read the enclosed paper which documents the major discrepancies and

distortions upon which the hypothesis is based. Drs. Peter Duesberg (U. of Cal., Berkeley) and Charles A.

Thomas, Jr. (Harvard) head a group of over five hundred scientists who are demanding a re-evaluation. Officials in government agencies, who have a substantial fmancial interest in AIDS testing, have used the most disgraceful tactics to prevent an investigation into this matter. If the suspicions are true, and the evidence is overwhelming, many billions of dollars are being wasted and many individuals will die from inappropriate treatment.

Sincerely,

(U you wish to pass on what you have learned, send your copy of this book and add the following post-script)

P.S. Please read the enclosed book

Deadly Deception

****

225

DEADLY DECEPTION

De----------

I strongly urge a reevaluation of the AIDS hypothesis. Evidence bas been presented by leading scientists that: AIDS is not caused by a virus, but by malnutrition and drugs; the drug, AZT, was fraudulently released for use and is hastening death; the AIDS

test is completely invalid.The serious implications demand a thorough investigation.

Sincerely,

****

The following pages contain a letter to my colleagues in the practice of medicine. I invite you to read it because I am hoping you will pass it on to the physicians in whose care you entrust your health.

His comments will tell you whether he is a thinking scientist, a leader; or whether he possesses

the mentality of a mindless follower.

I have included a few letters to the Editor of the *LONDON*

TIMES. **They were written during my stay in Costa Teguise, Lanzarote, Canary Islands, Spain, while I was writing a final draft of this book. There are letters to President Clinton and to Hillary Rodham Clinton, who headed the health reform task force. It is the volume that counts, so get out your pen and jot down a few meaningful lines -it will make a difference!**

226

CORRESPONDENCE

227

ROBERT E. WillNER

4001 NORTH OCEAN B LV O.

SUI TE 1!503

BOCA RATON, FL 33431

1994

Dear Colleague,

It is my finn belief that most physicians, like myself, entered the field of medicine because of an intense desire to spend our lives in a meaningful and gratifying endeavor. I perceived medicine as a profession of science,

compassion, and dignity, which would bring the honestly earned rewards of respect, honor and a relatively comfortable life. I believed that it was a profession that fostered independent thought, creativeness and innovation, deeply rooted in integrity. I naively trusted that medicine rose above avarice, politics, fraud and vindictiveness. During the thirty-five years that I practised medicine, I have been privileged to work with many dedicated physicians and was honored by the opportunity to serve the profession as lecrurer, president of medical associations, societies, boards and hospital staffs.

I made the decision to leave practice, so I could write, do research, actively fight for informed freedom of choice for patients, I wished also to help achieve for physkians, the freedom to include in the practice of medicine, homeopathies, herbs, vitamins and supplements in the prevention and treatment of disease. The political forces or organized medicine are disgracing our profession by dishonorable and unethical tactics aimed at the thousands of physicians who are repulsed by the many dangerous and ineffective drugs fostered on us by an unholy alliance with the pharmaceutical industry. More patient visits were made to practitioners of alternative therapies last year, than to medical family physicians. The reason: the public is disillusioned and disappointed in our ability to treat them.Their thought processes are not hindered by the intense beliefs brought about by our allopathic indoctrination. Many of us believe that ours is the only way, that we are at the cutting edge of science. Have we lost the ability to think with an open mind as a scientist should? Have we become so arrogant that we denounce even those things about which we have little or no knowledge?

TEL: (407) 7!50·0428 *I* FA X: (407) 39 4 2335

I, like many of you, have seen incredible advances in technology. The medical profession excels in it genius in dealing with emergency and surgical problems. It may astound you to know, that when dealing with the remaining ninety percent of medical problems, we are largely ineffective. In claiming sole rights to so-called state-of-the-art science, we conveniently ignore the fact that more than eighty percent of our therapies have never been double-blinded. Yet we deny to our colleagues the right to practise treatments that were used by Hippocrates and the

physicians of the East, which have persisted for thousands of years. We have been denied access and exposure to these therapies because "they have not been proven". Because of this hypocrisy and self-imposed imprisonment of the mind, our patients suffer and we are denied the gratification of providing successful care. For many of us, this was the main reason we became doctors!

Unfortunately, we have seen the growth of stifling bureaucracy and control, often from within our own ranks or imposed by government. The inevitable consequences of such circumstances are the loss of freedom of thought and creativity, the suppression of innovation or the tyranny of a few whose beliefs seek to hold us hostage. This, in turn, reaps even greater evils; the opportunity by the establishment to perpetrate fraud with impunity, resist inspec-tion, defy challenge and reverse progress.

A travesty of science and medicine has occurred in the past decade, of such dimension and incredulity, that your first impulse will be to dismiss any and all criticism. This indeed, was the belief of its perpetrators and thus far, they have succeeded. Because of the inherent trust that we place in our fellow scientists, we were easily led down a deceptive path because it was decorated with the primrose flowers of arcane scientific jargon with which many of us may not have been adequately familiar. Such is the case with AIDS

-the so-called "Epidemic of the Century". Please read *Deadly Deception* (Why Sex And The Virus Absolutely Do Not Cause AIDS). It is fully referenced, factual and will astonish you. I implore you, do not dismiss this as something that will not be changed by your input. The names of the individuals, who seriously question the HIV-AIDS theories, read like a "Who's Who"

in science. They include:

Dr. Peter H. Duesberg, Professor of Molecular Biology, University of California. Berkeley, CA; international authority on retroviruses; member of the National Academy of Sciences and recipient of ihighest honor;

Dr. Charles A. Thomas, Jr., Harvard Biologist, founder of The Group for the Scientific Reappraisal of the illY-AIDS Hypothesis;

Dr. Kary Mullis, Biochemist; 1993 Nobel Laureate, inventor of PCR, the Polymerase Chain Reaction, which *is* the most accurate measure of the presence of viruses;

Dr. Robert Root-Bernstein, Professor of Physiology. Michigan State University, leading authority on AIDS;

Dr. Gordon Steward, Emeritus Professor of Public Health, University of Glasgow, World Health Organization consultant on communicable diseases,

Dr. Joseph Sonnabend, pioneer AIDS researcher, founder of the AIDS Medical Foundation-and many more!

At this writing, the number of prominent scientists exceed five hundred. The reputation of American medicine has been placed in great jeopardy by dishonest and greedy scienrists who wield astonishing power because they have linked vel)' influential government agencies into their fraud.We in medicine have been deprived of an unbiased forum because the detractors ha\'e been denied access to medical meetings. It is no\\ up to phys1cians and their patients to demand a complete and open investigation by the Congress of the United States, so that the opposition can be heard. This action will serve to exonerate medicine from complicity in this contemptible affair.

Your respectful colleague,

Robert E. Willner, M.D., Ph.D.

ROBERT E. WILLNER, M.D., Ph.D.

The Editor

The *TIMES*

1 Pennington Street

London El 9XN

United Kingdom

20 August 1993

Dear Sir,

On August 10, an interview with Dr. Michael Merson, Executive Director of the World Health Organization's program on AIDS, made many statements attributed to him which are misleading and false. Without repeating all of Dr. Merson's comments, my remarks of fact will make obvious the issues which I am contradict-ing.

l. In spite of the 60,000 papers that have been written about the 25 diseases which have been lumped under the AIDS

umbrella, not one is a "reference paper" (one which proves the hypothesis that HIV causes AIDS).

2. The major causes of Acquired Immune Deficiencies (Syndrome) have been listed in principal medical texts for over 60 years. They are:

Starvation and malnutrition (Africa);

Drugs -both illicit and medical i.e. cocaine, heroin, marijuana, AZf , amyl nitrite ("poppers"), chemotherapy etc. (mostly in Europe, USA and other indus-trialized nations). Radiation -

medical, industrial

and environmental.

3. These causes correspond 100% with the differences and etiological circumstances present in each country on the globe.

4. HIV (the virus that supposedly causes AIDS) is found in only 20% of the cases of AIDS, and never, even in patients on the brink of death, in amounts sufficient to cause disease.

5. The epidemic had failed to materialize, and did not increase until 5 more diseases were added. Still, it has never met the predictions that have been made. With world-wide reces-sion, the numbers will likely expand due to increases malnutrition and starvation in Africa and drug use everywhere else as a response to despair, and the medical administration of AZf (which causes AIDS - see drug insert).

6. In view of the fact that it takes an average of 1,000 acts of intercourse to transmit the virus (if one still insists in believing an unproven hypothesis), it is etiologically impossible to have an epidemic with those statistics. Dr. Merson states that the debate about whether mv causes AIDS was pointless and unhelpful and then is quoted as saying "There is no question that people with AIDS are people who are infected with HIV". Not only are his facts a blatant lie, but he is ignoring the truth that some of the most prominent scientists in the world, including Dr. Peter Duesberg, the world's #1 virologist, who not only question that mv causes AIDS, but emphatically state that it cannot! Dr.

Merson continues, "Continuing to doubt that IDV is the cause of AIDS or that it spreads through sexual intercourse, homosexual and heterosexual, feeds the denial and compla-cency that have hampered our global efforts."

I would suggest and emphasize that the worst scientists are those who;

a. Accept an hypothesis that has not been proven and practice science by popular vote.

b. Refuse to re-evaluate their position in the light of the hundreds of contradictions evidenced by fact and the discrepancies that constantly arise with reference to an hypothesis originally put forth by virologist, Robert Gallo, whose papers on the hypothesis have been declared fraudulent and who has admitted to taking the credit away from another scientist. That dispute had to be settled quietly by the

Presidents of the USA and France. But, as Dr. Duesberg puts it, it was merely an argument as to "who stole the fake diamonds".

232

c. Continue to spend billions in searching for a vaccine that is unnecessary. The purpose of a vaccine is to stimulate the production of antibodies and the "AIDS test" is based on the fact that antibodies are present, thus we are seeking to produce what we already have!In other words, AIDS is the frrst disease in the history of medicine in which immunity means you are going to die from it!

d. Malign and hurl epithets at those respected, brilliant and trustworthy scientists who, at great risk and without any possible gain for themselves seek onJy adherence to sound and time-tested scientific demands of proof and logic.

I would like to remind Dr. Merson, that a true scientist would welcome the opportunity to resolve intelligently, with the incredible scientific techniques and tools available, the serious plethora of evidence raised by scientists of great standing and reputation.

Drs. Peter Duesberg (Berkeley), Charles A. Thomas (Harvard), Kary Mullis (Nobel Prize contender), Gordon Stewart (British epidemiologist, World Health Organization) Joseph Sonnabend (founder, Aids Medical Foundation) and Harvey Bialy (Editor, *Bio!Technology),* are just a few of the hundreds to whom I refer.

Might I also suggest to the honorable Dr. Merson that, if he reviews the scientific literature, he will find that the evidence implicating IDV as the culprit in AIDS is circumstantial and extremely poor at best. It could not be convicted in a court of law and certainly not in a court of science. In the interests of science and humanity, why does he insist on name-calling instead of a fair trial?

The incredible truth is that the Gallo's and the Merson's of science, either by intent or ignorance, are now responsible for the greatest crime

of all time: Millions are dying and will die because attention is drawn away from the real causes, i.e. drugs, starvation and AZr!

I respectfully ask that *The Times* revtew the many articles that have been printed over the past five years. You will find that the advocates of the AIDS hypothesis offer mostly opinions in the form of "we believe", "we suspect", "it appears" and "we think".

Those that disagree present the facts which demonstrate the absurd and untenable proposition of the AIDS hypothesis. It is my plea that you take a courageous journalistic lead in demanding a public 233

forum in the interests of humankind, whom you strive to serve. Let the *TIMES* print an ongoing dialog of fact, not opinion, between the adversaries. Ask Dr. Duesberg on the one hand, and Drs. Gallo or Merson on the other, to represent the opposing groups. When the facts have been brought to light and the incredibly wild speculations have been exposed and disposed of, it is my profound belief the public will be a better jury in determining the truth than scientists who have a vested interest in perpetuating this outrageous criminal scandal. It is my bet that Gallo and Merson will refuse.

They will avoid the risk of exposure with the usual excuse of the guilty. They are public servants and the public must demand their compliance!

Respectfully,

Robert E. Willner, M.D., Ph.D.

****

ROBERT E. WILLNER, M.D., Ph.D.

The Editor

The *TIMES*

1 Pennington Street

London El 9XN

United Kingdom

7 August 1993

Dear Sir,

It was with great admiration for your long tradition of honest, courageous and comprehensive reporting that I read your banner headline of 1 August 1993"New doubts over AIDS infection as mv test declared invalid".It is fitting that *The Times* be one of the few newspapers in the world to report the unfolding of the worst scientific scam in medical history. The so-called AIDS epidemic has never materialized because it is nothing more than what was originally twenty diseases that has now been expanded to twenty-five diseases. If it is intended to continue to dupe the public they will soon include all known diseases and it can then be said that everyone is dying of AIDS.

234

In fact, for the past six decades the causes of Acquired Immune Deficiency Diseases has appeared in most authoritative medical texts. If I may paraphrase the ubiquitous and respected *Merck Manual* (1952 edition), the causes cited are: lalnutrition, (medical and illicit), radiation, chemotherapy and toxic chemicals. This clearly explains why AIDS is so many diseases in Europe and the USA and only three symptoms in the third world countries of Africa, Haiti, etc.

The primary cause of AIDS is the abuse of illicit drugs in affluent countries and malnutrition in those that are poor. This *is* the only logical and sane explanation for the apparent contradiction of the statistics confirmed by every authoritative agency in the world, including the UK, USA and the World Health Organization. I refer to the "annual conversion rate", which tallies the risk of developing AIDS if one is lllV positive. According to the figures, an individual who is lllV positive and lives in the USA or Europe, stands a ten times better chance of survival

if they move to Haiti and a twenty-times better chance of survival if they move to Zaire!

The reason for this, is, of course, that people in Haiti and Zaire cannot afford drugs. Malnutrition takes a longer time to destroy the immune system than do drugs. A reference paper, that which establishes an hypothesis as proven, does not exist for the AIDS

hypothesis. I will gladly pay $1,000.00 to anyone who can produce just one. I have spent more than a year in diligent research in writing *Deadly Deception* which is completely backed by scientific articles. Of the more than sixty thousand AIDS-related papers that have been produced in the past eight years (there is a lot of grant money available), not one establishes HlV as the cause of AIDS!

The original hypotheses is so untenable, that at least forty more have been formulated in an attempt to explain all its discrepancies and contradictions.One brilliant comment by Dr. Robert Gallo, the man who admittedly usurped credit for the discovery of mv and whose original papers on which the hypothesis is based, and have been declared fraudulent, was to claim that :mv was "an intelligent and mysterious virus". It would have to be, how else could it know whether you were white or black, living at home in Zaire or working in the United States with a permit?

It is virtually impossible to have an epidemic from sexual transmission of a disease, when it takes from between five hundred 235

****

to a thousand acts of intercourse to supposedly pass it on. Th.is could be considered an extremely remote possibility if you first proved that the virus caused anything at all. I could go on with scores of contradictions and fantasies on which the AIDS hypothesis is based, but you would have to reprint my manuscript which will be published shortly.

Meanwhile, your excellent journalism will help focus attention on the real causes of AIDS, and thus save millions of lives by alerting the world of the true causes and the obvious solutions for the AIDS problem. In deep gratitude I remain, Sincerely indebted,

Robert E. Willner, M.D., Ph.D.

ROBERT E. WILLNER, 1\-l.D., Ph.D.

President Bill Clinton

The White House

1600 Pennsylvania Ave.

Washington, D.C. 20500

Dear Mr. President,

Date

–

More than one hundred of the world 's most prominent scientists headed by Dr. Charles A. Thomas, Professor of Microbiology at Harvard University, have formed The Group for the Re-evaluation of the AIDS Hypothesis. This group of respected scientists have been denied access to advertising in the press and some of its members, h.ighly honored in the field of research, have not had their grants renewed.

Evidence is mounting that the so-called AIDS virus has nothing at all to do with AIDS. There is strong evidence that Dr. Robert Gallo of the NIH, who falsely claimed credit for discovery of the virus and who was responsible for it being named as the AIDS

virus, has done so without one iota of scientific proof.

The cost of what may be the greatest medical scandal in history, is not only countless billions of dollars lost in misdirected research, 236

it diverts attention away from the known causes of acquired immune deficiencies (see the *Merck Manual*- the doctor's "bible"): Acquired Immune Deficiency Syndrome is caused by many known proven factors: in particular, recreational drugs, medical drugs, polluting toxins, radiation, diet and cigarettes-either alone or in combination. By diverting attention away from the established causes of AIDS, the objectives that you and V.P. *Al* Gore have targeted. will be deeply undermined.

Enclo ed i · the manuscript of a book which I have submitted for publication. It is a completely documented expose of what is, without question, criminal fraud. The corruption in the scientific and medical private sectors and branches of government is a major factor in our national debt.

I

extend my most profound wishes for success in your gallant

endeavors on behalf of our country.I would be honored to help and serve in any way I

can.

Respectfully,

Robert E. Willner, MD, PhD

****

ROBERT E. WILLNER, M.D., Ph.D.

Hillary Rodham Clinton

Chairperson, Health Care Reform

The White House

Washington, D.C.

Dear Madam Chairperson,

Date

_

There are extremely important and necessary steps to reduce the exorbitant costs. ineffectiveness and inefficiency of our health care system which is the single greatest contributing factor to our economic problems and the rising budget deficit. Very little benefit is derived from the incredible amount spent as compared to most countries in the world and the quality is appreciably lower. I wish to bring to your attention factors which are being ignored because of the influence of the medical establishment.

The following are key steps that must be taken: 1. Stress preventive "medicine", in particular the natural means of preventing disease (minimal cost).

2. Eliminate the establishment medical monopoly which by its arrogance, ignorance and political influence, holds a stranglehold on scientific thought. theory and practice.

Homeopathies, herbs, vitamins and supplements are being unfairly removed from public use by the unprincipled action of the FDA, which clearly favors the largest pharmaceutical companies. The requirements of the FDA and allopathic doctrine are so absurd that they cannot be financially met by most companies of lesser size and certainly not by the individual practitioner.

3. Put an end to the harassment of medical physicians and others who advocate non-drug therapies and have long educated their patients in wellness. As a medical doctor who over a thirty-year-period made a gradual tranc;ition in favor of alternative (natural or Hippocratic) therapies, I can attest to their effectiveness, safety and cost effectiveness.

These techniques, for example, are solely responsible for the only successful reported AIDS "cures". Many physicians who refuse to adhere to the "accepted" usc of dangerous drugs such as AZT, which actually causes AIDS (see package insert), and use instead safe, natural and effective methods, have been subjected to administrative hearings resulting in a suspension of their licenses to practice. The establishment uses smear tactics, labels and the use of administrative hearings, controlled by them, to silence dis-senting voices. This results in the suppression of effective alternative therapies in the management of di ease. The FDA requires "double blind" proof of centunes old natural therapies while eighty percent of allopathic medical practices have never been double-blinded and are allowed.

4. Eliminate the hundreds of common, expensive and ineffective procedures frequently utilized because they are '·the only thing available" according to "orthodox medicine".

Any commission appointed to review efficacy must not be self-serving, and therefore should include physicians who have challenged the "sacred cows" of the establishment in the past. Many have fine reputations and have been members of respected institutions.

5. Put an end to the corruption in the FDA which consistently removes from public access all effective natural therapies.

This increases medical costs by forcing the use of dangerous drugs *which* can only be obtained by prescription and results *in* greater hospital use. This despicable situation is best exemplified by the removal of the essential amino acid, Tryptophan, from store shelves because of a contaminated batch imported from Japan. The FDA has not returned

the uncontaminated product to the shelves. Tryptophan is a natural required amino acid of the body which is obtained from many foods, notably milk and tuna fish. It has long been known to promote healthy natural sleep. Tens of thousands of individuals who used this natural, non-addictive product are now forced to spend money at a physicians office in order to spend even more for an addictive drug in order to get a good nights' sleep. Compare the action of the FDA when a batch of Tylenol was contaminated: only the contaminated batch was removed from the shelves. The ineptness and corruption is obvious. Surely the FDA was aware that Tryptophan itself (an essential amino acid) cannot be toxic to the body. After millions of bottles have been sold over many years, the sudden appearance of a toxic reaction could only have been caused by contamination of a specific batch.

6. Grant an equal voice and public access to different alternative therapies. If freedom of informed choice in health care is made a *right,* as it should be, then costs will decline and quality will rise. More visits were made to alternative physicians than to establishment (allopathic) family practitioners during 1992. These visits are not reim-bursed by insurance, private or government, yet they result in far less costs and hospitalization.

I urge you to call a Conference on Alternatives to Allopathic Medicine for the purpose of establisrung official government recognition. Representatives of all the varied disciplines of the natural or holistic schools, as well as complementary physicians (M.D.'s and D.O.'s who combine establishment and alternative therapies) already having their own societies and organizations should be invited to send delegates. While representatives of the allopathic school of thought should invited, the meeting should be chaired by an individual acceptable to all groups, possibly a jurist.

I believe that an agreement of ali parties, though des1rable, is not necessary. The biases are actually a virtue, because they indicate that

the experts have gathered sufficient information to form an opinion with some bias. I doubt if a totally unbiased group could ever come to any effective decision, if decision is what is desired.

A conference of strongly opposing biases would ensure the preparation of minority reports on both sides as needed. Otherwise one would expect some form of one-sided wrutewash as has indeed occurred in the past. In any case, the health and welfare of the people will benefit because the purveyors of health care will be wiser and more competitive in providing the best there is.

Permitting informed freedom of choice in health care could result in annual savings in the order of 100 to 200 billion dollars.By eliminating unnecessary procedures,fraud and over-utilization, in addition to instituting competitive alternatives to the current allopathic system, makes the estimated savings realistic. This can be best accomplished when the government and insurance companies accept patients claims for alternative therapies on an equal basis \\ itb allopathic medicine.

I do hope you will give an ear to the beat of a different drummer and take advantage of my sincerity, knowledge and experience. I am currently involved in writing and research, however, I am anxious to assist you in any way possible at my expense. I have enclosed my curriculum vitae for your consideration.

You and the President have my sincere and profound wishes for success in the difficult tasks confronting you.

Respectfully,

Robert E. Willner, M.D., Ph.D.

ABOUT THE AUTHOR•••

... .f •••••••

CURRICULUM VITAE

.R.O.B.ER..T...E..W...IL.LN.E.R...,M.....,.Ph..D.•...

EDUCATIONAL BACKGROUND

1987

University for Humanistic Studies (accredited)

Las Vegas, Nevada

Degree:Doctor of Humane Letters (Ph.D, In Nutrition) 1951-1955

New York Medical College

New York City, New York

Degree: Doctor of Medicine

1948-1951

New York Unroersity College of Arts and

Sciences. University Heights

New York C1ty. New York

Degree:Bachelor of Arts (Major:Psychology

Minor: Biochemistry, Music)

1947-1948

University of Southern California

Los Angeles, California

Freshman Year toward B.A. degree

1943-1947

Music and Art High School

New York City,New York

Degree:High SchoolDiploma, Music Major

POSTGRADUATE ACTJVmES

1987

American Board of Pain Management Specialties Fel ow (FABPMS·C)

American Academy of Neurologic and Orthopedic Medicine and Surgery, Fellow (FAANaOS-Cm)

American Board of Legal Analysis in Medicine and Surgery, Fellow (FABLAAMS)

1983

Chelation Therapy Workshop

The American Academy of Medical Preventics

Reno, Nevada

1979

The American Board of Family Physicians Recertification 241

DEADLY DECEPTION

1976

Postgraduate Institute for Emergency MetJical Care UniVersity of California, San Otego

·our Inner Conflicts• CE208

&:hool of Continuing Studies

University of Miami,Miami, Florida

1974

Second World Sympostum on Acupuncture

and Chtnese Medtcine

The American Soctety of Chinese Medicine

1973

The American Association of Sex Educators and Counselors, The American University

Certificate in Sex Education

1972

American Board of Family Medicine Diplomate (ABFM-D) 1961

Arroyo Academy of Advanced Hypnosis Certification 1959

Florida Board of Medical Examiners Certification 1956

Schoolof Aviation Medicine

Basic Certifci ation

1955

NationalBoard of MedicalExaminers

POSTGRADUATE PROFESSIONAL CAREER

1959-1989

Private Practice of Medicine, North Miami Beach,Florida United 1955-1959

States Air Force,GeneralMedical Officer, Chief of Emergency Service, Chief of ObstetricalService, Base Psychiat- ric Officer MemorialHospital, Phoenix, Arizona

1955-1956

Internship

Flower and Fifth Avenue Hospital

1954-1955

New York City, New York

Internship

Bird S. Coler Hospital for Physical Medicine and Rehabilitation Internship

SOCIETY MEMBERSHIPS

American Physicians Associations

1989-1991

American Colege of Advancement in Medicine

1985-1991

Amencan Academy of Neurologtcal and Orthopedic Medicine and 1984-1991

Surgery

Southern Medical Association

1962-1987

International Association for the Study of Pam

1983

InternationalLaser Research Academy

1983

German Academy of Auricular Medictne

1979

American Socei ty of Bariatnc Phystctans

1979

South Florida Council of Medical Staf s

1975

American lnstiMe of Hypnosis

1972

242

1960

American Medical Association

Aorida Medical Association Dade County Medical Association American Academy of Family Physicians

Aorida Academy of Family Physicians

Dade County Academy of Family Physicians 1952

PhiDelta Epsilon Medical Fraternity

HOSPITAL ASSOCIATIONS

1960-1989 Parkway Regional Medical Center,North Miami Beach, Aorida

·Senior Attending Physician

HONORS AND SPECIAL ACTIVITIES

1990.1991

American Col ege of Advancement in MediCine

Sergeant At

Arms

1989-1991

American Physicians Association

Executive

Secretary

1988·1991

American Academy of Advancement

Board of

In Med1cine

Directors

1987·1991

American Board of Pain Management

Professor &

Specialties

Chairman

1983·1984

International Laser Research Academy

President

Linda Georgian Television Show

Medical

Advisor

1982·1984

Conference on Holistic Medicine

Lecturer

Walter Reed Hospital, Wash.D.C.

19n-1984

Concept House Drug Rehabilitation

Medical

M1am1, Ronda

Director

1981-1982

MedicalResearch Laboratones

Medical

Chicago, Illinois

Director

1980.1982

Oleda Inc.

Medical

New York City,New York

Director

1980

The Funhouse Motion Company

Medical

-rlle Funhouse•

Consultant

McGil University MecfcalSchool

Preceptor

243

DEADLY DECEPTION

1978·1980

Florida InternationalUniversity

lecturer

Univ. of Miami School of Medic1ne

Lecturer

1979

Paramount Pictures Corporation·spanner's Key"

Medical

Consunant

1962·1979

Dade County Medical Association

Lecturer

1978

Truman Van Dyke Company Medical

Consultant

"Woman In White•

1978

Nurse Practiboner Program

Preceptor

University of Miami

t9n-1978

National Acupuncture Research Soc1ety

Board of

Directors

1974-19n

National Acupuncture Research Society

Faculty

19n

Motion Picture "The Champ•

Medical

Consultant

1972·1976

Spectrum House Rehabilrtation Center

Medical

Miami, Florida

Director

1975

South Florida Council of Medical Staf s

Secretary

1974

Florida Academy of Family Physicians

VIce-Pres.

American Medical Association Physician,

Recognition Award

American Academy of Family Physicians,

Award Certificate

1968·1974

Dade County Academy of Family PhysiCians

Board of

Directors

1968·1974

Florida Academy of Family Physicai ns

Board of

Directors

1973

American Academy of Family Physic1ans

Charter

Fel ow

1972

Parkway General Hospital

Chief of

CertifiCate of Appreciation

Staff

244

1971

Parkway General Hospital

Chairman

Dept. of Family Practice

1970-1971

Dade County Academy of Family Practice

President

1966

City of North Miami Beach,

Certificate of Recognition and Appreciation

1955

Cor et Manus New York Medical College

Award of

Distinction

1951

National Student Association New York University Senior

Delegate

Perstare et Praestare New York University

Honor

Society

Student Council New York University

POSTGRADUATE EDUCATION

1976-1987

Parkway Regional Medical Center

Continuing Education Seminars - Forty credits per annum 1986

American Academy of Neurologic and Orthopedic Medicine and Surgery ·communication Skil s Workshops"

Fifty hours, Las *Vegas,* Nevada

1986

"Al ergy In Practice"

Roche Biomedical Laboratories

Miami, Florida

1975

Advanced Acupuncture Workshop

National Acupuncture Research Society

1974

Intermediate Acupuncture Workshop

National Acupuncture Research Society

1972

Family Practice Review Course

University of Alabama. School of Medicine

PUBLICATIONS

1993

Deadly Deceptio **Peltec Publications Ltd.**

The Cancer Solutio **Pettee Publications Ltd.**

1984

The Pleasure Principle Die **Prentice-Hall, May 1985**

ISBN 0-13-683442-6 (225 pages).

The Effect of Low Power on Osteoarthritis of The Hand **IV World Pain Congress**

Seattle, Washington 1978

245

DEADLY DECEmON

Communicating With The Depressed Elderly Patients **Co-author: Marcia Wil ner**

Continuing Education,November 1978

1974

Acupuncture Desk Reference

Touching Is ...

Acupuncture Wall Charts

Professional Acupuncture Seminar Workbook

LECTURES

Over 250 presentations have been given to the profession and the public. Many radio and television appearances have been taped. A list of most

of the lectures is available on request. Some audio and video tapes are also available.

PERSONAL DATA

Date of Birth:

June 21, 1929

Place of Birth:

New York City, New York

RECENT ACTIVITIES

1989-1993

Retired from the practice of medicine to pursue research in Cancer, AIDS, Chronic Degenerative Diseases and solutions to ecologicalproblems.

Productos Ecologicos De Mexico, SA de C.V.,

Medical Ecological Director

1993

CydelMealcal Center for Advanced Therap1es,

Consulting Executive Medical Director to update and expand therapeutic program.

Ufe-Une Consultants

Executive Director

Independent Guidance to the Availability of Therapeutic Solutions to Cancer, AIDS and Chrome Degenerative Diseases

AN INVITATION TO SHARE

YOUR KNOWLEDGE

I have tried to present an easy to understand and convincing explanation of the DEADLY DECEPTION.It is important because so many lives depend on it. However, there are many who will still doubt. I cry for them and wish that I had found more powerful words to save their lives. If you have stronger and more convincing arguments, send them to meI will include them in the next edition.

If you are aware of therapies, techniques, resources and practitioners that I

have not included, write to me in care of the

publisher, and they too will be included in the next addition.*

This book was finished in mid-December 1993. I had hoped it could be a holiday present for you or a loved one. But anytime is a good time to give presents -even to yourself.

GET \VELL AND STAY WELL!

*** Peltec Publishing Co., Inc.**

4400 North Federal High\ ay

Suite 210

Boca Raton, FL 33431

247

BffiLIOGRAPHY

ADA.'AS, J.

(1989) AIDS. The IDV Mylh, StMartin's Pres. New York.

ALTMAN. L.K.

(1992) Group with HIV has no symptoms. The New York Times, October9.

ANDERSON, J.

(1990) AIDS in Thailand. Br. Med. J. 300:415-416.

ANNELL. A., FUGELSTAD, A., and AGREN, G.

(1991) IIIV-prcvalence and mortality in relation to type of drug abuse among drug addicts in Stockholm 1981-1988. In: Drug Addiction uml AIDS, pp 16-22, LOIMER, N.• SCHMID, R.• and SPRINGER, A. (ed.) Springer-Verlag, New York.

ARAL, S.O. and HOLMES, K.K.

(1991) Sexually trnnstrutted diseases in the AIDS era. Sea. Am. 264:62-69.

ARONSO'IJ, D L.

(1988) Cause of death in hemophilia patients in the United States from 1968-1979. Am. J. Hematol. 27: 7-12.

AVRAMIS. V 1., et al.

(1 989) Biochemical pharmacology of zid ov udine in huma n T-lymphoblastoid cells (CEM). AJDS 3: 417-422.

AGASRA, 0., et al.

(1992) Detection of human immunodeficiency virus type I provirus in mononuclear cells by in situ polymerase cham reaction. New Engl.

J. Med. (NEJM) 326: 1385-1391.

BARINAGA, M.

(1992) Confusion on the cutting edge. Science 257: 616-619.

BERAL, V., et al.

(1990) Kaposi's sarcoma among persons wi th AIDS:a sexually transmitted infection? Lancet 335.

BETHELL, T.

(1992) Heretic. The American Spectator, May.

BIALY, H. and FARBER C.

(1992) It's time to re-evaluate lhe HIV-AIDS h) pothesis. Rethinking AIDS, I.

248

BOOTH, W.

(1988) A rebel without a cause for AIDS.Science 239.

BOWDEN, F.J., et al.

(1991) Antibodies to gp41 and nefin otherwise lllV-negative homosexual man with Kaposi's sarcoma. Lancet 337.

BREO, D.L. and BERGALIS. K.

(1990) Meet Kimberly Bergalis- the patient in the "dental AIDS case". J.

Am. Med. Ass. (lAMA) 264.

BRIEFINGS

(1991) All the (Science) that's fit to print. Science 254.

BUEHLER, J.W., et al.

(1990) Impact of the human immunodeficiency virus epidemic on mortality trends in young men, United States. Am. J Pub!. Health 80.

BUREAU OF JUSTICE STATISTICS

(1988) Special Report- Drug Law Violators, 1980-1986. U.S. Department of Justice, Washington, D.C.

(1991) Catalog of Federal Publications on Illegal Drug and Alcohol Abuse.

U.S. Department of Justice, Washington, D.C.

BURKE. D.S.• et a!.

(1990) Human immunodeficiency virus infections in teenagers; scroprevalence among applicants for the U.S. military service. J.

Am. Med. Ass. 263.

CASTRO, A., et al.

(1992) Kaposi's sarcoma and disseminated tuberculosis in lllV-negative individual. Lancet 339.

CAULFIELD, C.R.

(1993) The Anarchist Atds Medical Formulary, North Atlantic Books CENTERS fOR DISEASE CON'IROL

(1982) Epidemiologic aspectS of the current outbreak of Kaposi's sarcoma and opportunistic infections. New Engl. J. Med. 306.

(1986) ReportS on AIDS published in the Morbidity and Morality Weekly Report, June 1981 through May 1986. U.S. DepL of Health and Human Services, National Technical Information Service, Springfield, VA.

(1987) Revision of the CDC surveillance case definition for acquired immunodeficiency syndrome. J. Am. Med. Ass. 258.

(1988) Update: acquired immunodeficiency syndrome and human immunodeficiency virus infection among health-care workders. Morb.

Mort. Weekly Rep. 37.

(1990) Possible tr.lnsmission of human immunodeficiency virus to a patient during during an Ln\'a51\'e dental procedure. torb. Mort.

Weekly Rep 39.

(1991) Opportunistic non-Hodgkin 's l y mphomas amo ng severely immunocompromised mv-infected patients sun iving for prolonged periods on antiretroviral therapy- United States Morb. Mon. Weekly Rep. 40.

(1992) HIV/AIDS Surveillance, Year-end Edition. U.S. Department of Heallh and Human Ser vices, Atlanta, GA.

COHEN, J.

(1992) Mystery virus meets the sceptics. Science 257.

(1992) New virus reports roi l AIDS meeting. Science 257.

CONNOR, S.

(1987) One year in pursuit of the wrong virus. New Scientist 113.

(1991) Million pound row over AIDS test. The Independent on Sunday, January, 20.

(1992) Scientists dispute royalties on 1-UV blood- test patent. The Indepeo-dent.August, 14.

COTION, P.

(1 990) Cofactor q uestion divides codiscoverers of HIV. JMIA 264.

COX, G.D.

(1986) County Health Panel urges 'poppers' ban, c1tes AIDS link. The Los Angeles Daily Journal, March, 24.

CREWDSON, J.

(1989) The great AIDS q uest. Chicago Tribune, November 19.

(1992) House critique triggers a nother Gallo inquiry. Chicago Tribune, June 14.

CULLITON, BJ.

(1990) lnsude the Gallo probe. Science 248.

CURRAN,J., et al.

(1984) Acquired immunodeficienc) syndrome (AIDS) assoctated with transfusions NEJM 310.

CURRAN, J.W.• et al.

(1985) The epidemiology of AIDS: currenL status of futu re prospects.

Science 229.

DAAR, E.S., et al.

(1991) Transient high levels of viremia in patients with primary human immu nodeficiency virus t)pe l infection NEJM 324.

DALAKAS, M.C., et al.

(1990) Mitochondrialmyopathy caused by long-tenn zidovudine therapy.

NEJM 322.

DARROW, W.W., et al.

(1987) Risk factors for human immunodeficiency virus (IllY) infections in homosexual men. Am. J. Publ. Health 77.

DE BIASI, R., et aJ.

(1991) The impact of a very high purity of factor VIII concentrate on the immune system of human immunodeficiency virus-infected hemophiliacs: a randomized, prospective, two-year comparison with an intermediate purity concentrate. Blood 78.

DE COCK, K.M., et at.

(1991) AIDS surveillance in Africa: a reappraisal of case definitions. Br.

Med. J. 303.

DEER, B.

(1993) AIDS doctors attack drug claims. The Sunday Times, August 1.

(London)

DELANY, M. and GOLDBLUM, P.

(1987) Strategies for Survival: A Gay Men's Health Manual for the Age of AIDS. St. Martin's Press, New York.

DELOUGHRY, T.J.

(1991) 40 scientists call on colleagues to re-evaluate AIDS theory. The Chronicle of Higher Education, December 4.

DISMUKES, W.E., et at.

(1968) ViraJ hepatitis associated with illicit parenteral use of drugs.JAMA 206.

DOURNON, E., et al.

(1988) Effects of Zodovudine in 365 consecutive patients with AIDS or AIDS-related complex. Lancet ii.

DUESBERG, P.H.

(1987) Retroviruses as carcinogens and pathogens: expectations and reality. Cancer Res. 47.

(1989) Defective viruses and AIDS. Nature (Lond.) 340.

(1989) Does IDV vause AIDS? J. AIDS 2.

(1989) Human immunodeficiency virus and acquired immunodeficiency syndrome: correlation but not causation. Proc. Nato. Acad. Sci.

U.S.A. 86.

251

DEADLY DECEPTI0:-4

(1990) AIDS. non-infectious deficiencies acquired by drug consumption and other risk factors. Res. lmmun. 141.

(1990) Quanu tation of human immunodeficiency virus in the blood. NEJM

322.

(1992) AIDS. the alternative view (leiter). Lancet 339

(1992) A giant hole in the HIV-AIDS h}pothe is.

31 (London).

(1992) HIV as target for zidovudine. Lancet 339.

(1992) JUV, AIDS and zidovudine. Lancet 339.

(1992) Questions about AIDS (leiter). Nature (Lond.) 358.

(1992) The role of drugs in the origin of AIDS Biomed. Pharmacother.46.

{1992) Ajds Acquired by Drug Consumption and Other Noncontagious Risk Factors. Pharmac. Ther. Vol. *55,* pp. 201-277.

DUESBERG, P.H. and SCHWARTZ. J.R.

{1992) Latent v1ruses and mutated oncogenes. no evidence for pathogenicity. Prog. Nucleic Acid Res. Molec. Bioi. 43.

EDITORIAL

(1990) Zidovudinc for symptomless HlV infection. Lancet 335.

ENBY. ERIK (DR.)

(1990) Hidden Killers. Semmelweis-lnslitut

EVATI, 8 L.• et al.

{1 984) The acquired immunodeficiency syndrome in patients with hemophi l ia. Ann. Intern. Med. 1 00.

FARBER, C.

(I 992) Fatal distraction. Spin. 3.

ASCHL. M.A.• et al.

{1987) The efticncy of azidothymidine (Azn in the treatment of patients with AIDS and AIDS-related complex. NEJM 317.

FREESTO E.

(1992) Zidovudme. Lancet 339.

FRIEDMAN-KIEN, A E., et al.

(1990) Kaposi's sarcoma in HIV-negative homosexual men. Lancet 335.

FRY, T.C.

(1989) The Great AIDS Hoax. Life Science lnst. Austm, TIC

GALLO. R.C.

(1987) The AIDS virus. Sci. Am. 256.

(1991) Virus-Hunting- AIDS, Cancer and the Human Retrovirus: A Story of Scientific DiscO\ery. Basic Books, New York.

GALLO, R.C., et at.

(1984) Frequent detection and isolation of cytopathic retrovirus (HlLV-ill) from patients with AIDS and at risk for AIDS. Science 224.

GILL. P S , et al

(1987) Azidothymidine associated with bone marrow failure in the acquired immunodeficiency syndrome (AIDS). Ann. Intern. Med.

107.

GOEDERT, J.J., et a t.

(1982) Amyl nitrite may alter T lymphocytes in homosexual men. Lancet i.

(1989) A pro pective study of human immunodeficiency virus type 1

infection and the development of AIDS in subjects with hemophilia. NE1M 321.

GOLDSMITH, M.S.

(1990) Science ponders whether IDV acts alone or has another microbe's aid. JM1A 264.

GOUDS UT,

(1992) Al!emative view on AIDS. Lancet 339.

GRAHAM, N.N.H., et al.

(1991) Effect ofzidovudine and Pneumocystis carinii pneumonia prophy-laxis on progression of HIV-1 infection to AIDS. Lancet 338.

HAMILTON, D.P.

(1991) What next in the Gallo case? Science 254.

HAMILTON. J.D.• et al.

(1992) A controlled trial of early versus late treatment with idovudine in symptomatic human immunodeficiency virus infection. NEJM 326.

HARDY, A.M., et al.

(1985) The incidence rate of acquired immunodeficiency syndrome in selected populatiOns. lAMA 253

HARRIS, P.O. and GARRET. R.

(1972) Susceptibility of addicts to infections and neoplasia. NEJM 287.

HAVERKOS, H.W.

(1990) Nitrite inhalant abuse and AIDS-related Kaposi's sarcoma. J.

AIDS 3.

253

DEADLY DECEPTION

HAVERKOS, H.W. and DOUGHERTI', J.A. (eds)

(1988) Health Hazards of Nitrite I nhalants. l'.'IDA Research Monograph 83, National Institute on Drug Abuse, Washington, D.C.

HISfllDA. 0., et al.

(1992) Clinically diagnosed AIDS cases without evident association with HIV type 1 and 2 infection in Ghana. Lancet 340 pp. 971-972.

HO,D.D. Quantification of human immunodeficiency virus type 1 in the blood of infected persons. NEJM 321: 1621-1625.

HODGKINSON, N.

(1992) Experts mount startling challenged to AIDS orthodoxy. The Sunday Times (focus), April 26. (London)

(1993) New doubts over Aids infection as HIV test declared invalid. The Sunday Times, August I. (London)

(1993) African AIDS plague 'a myth'; The plague that never was. The Sunday Times, October 3. (London)

HOFFMANN, G.W.

(1990) A response toP. H. Duesberg with reference to an idiorypic network model of AIDS immunopathogenes1s. Res. lmmun. 141.

HOXIE, J.A., et al.

(1985) Persistent noncytoparhic infection of nom1al human T lymphocytes with AIDS-associated retrovirus. Science 229.

INSTITUTE OF MEDICINE

(1988) Confronting AIDS- Update 1988. National Academy Press, Washington, D.C.

JAFFE, H.W., et al.

(1983) ational ca!>e-<:ontrol study of Kaposi•s sarcoma and Pneumocystis carinii pneumonia in homosel(ual men: Part I, epidemiologic results. Ann. Intern. ted.

JIN, Z., CLEVELAND, R.P., and KAUFMAN, D.B.

(1989) Immunodeficiency jn patients with hemophilia: an underlying deficiency and tack *ot* correlation wit h factor replacement therapy of exposure to human immunodeficiency virus.Allergy Clin. lmmun.

83.

JORGENSEN, K.A. and LAWESSON, S.O.

(1982) Amylnirrite and Kaposi's sarcoma in homosexual men.NEJM 307.

254

JUDSON. F.N.. et al.

(1980) Comparative prevalence rates of se>.ually transmitted diseases in heterosexual and homosexual men. Am. J. Epidemiol. 112.

KASLOW. R.A., et at.

(1989) No evidence for a role of alcohol or other psychoactive drugs in accelerating immunodeficiency in HI V-I positive individuals.

JAMA 261.

KOLATA, G.

(1987) Imminent marketing of AZT raises problems; marrow suppression hampers Az:r use in AIDS victims. Science 235.

(1992) After *5* years of use, doubt still clouds leading AIDS drug.The New York Tim.

KONOTEY-AHULU. F.l.D.

(1987) AIDS 10 Africa: misinformation and di information u.

LAURENCE, J., et a!.

(1992) Acquired tmmunodeficiency without evidence of infection with human immunodeficiency virus types I and 2. Lancet 340.

LAURITSEN. *1.*

(1990) Poison by Prescription - The AZT Story. Asklepios Press, New York.

(1991) The 'AIDS' war:censorship and propaganda dominate media cov-erage of the epidemic. New York Native, August 12.

(1992) FDA documents show fraud in AZT trials. New York Native, March 30.

LAURITSEN, *1.* and WILSON, H.

(1986) Death Rush, Poppers and AIDS. Pagan Press. New York.

LEARMONT, *1.,* et al.

(1992) Long-tem1 symptomless HlV-1 infection in recipients of blood products from a single donor. Lancet 340.

LEMP, G.F., et al.

(1990) Projections of AIDS morb1dity and mortality in San Francisco.

JAMA 263.

LERNER, W.O.

(1989) Cocaine abuse and acquired Immunodeficiency syndrome: tale of two epidemics. Am. J. Med. 87.

LEVY. J.

(1988) Mysteries of HIV: challenges for therapy and prevention. Nature (Land.) 333.

LIVERSIDGE, A.

(1989) AIDS words from the front. Spin, 12.

MADDOX,J.

(1991) AIDS research turned upside down.

(1992) Rage and confusion hide role of HIV. Nature (Lond.) 357.

(1992) Humbling of world's AIDS researchers. Nature (Lond.) 358.

MARION, S.A., et al.

(1989) Evidence that prior immune dysfunction predisposes to human immunodeficiency virus infection in homosexual men. J. AIDS 2.

MATHUR-WAGH, U., et al.

(1985) Follow-up of 4 1/2 years on homosexual men with generaJlized lymphadenopathy. NEJM 313.

MIRVISH, S.S. and HAVERKOS, H.W.

(1987) Butylnitrite in the induction of Kaposi's sarcoma in AIDS. NEJM

317.

MOORE, J.D.M., CONE, EJ., and ALEX.A.\,roER.S.S.

(1986) HTI.V-m seropositivity in 1971-1972 parental drug abusers- a case of false positives or e\'idence of viral exposure? NEJM 314.

MOSS, A.R., OSMOND, D., and BACCHETII, P.

(1988) The cause of AIDS. Science 242.

NATIONAL COMMISSION ON AIDS.

(1991) The Twin Epidemks of Substance Use and HIV. NationaJ Commission on AIDS, Washington, D.C.

PlOT. P ,et aJ.

(1988) AIDS: an intemationaJ perspective. Science 239.

RAPPOPORT, J.

(1988) AIDS INC. Human Energy Press, San Bruno, CA.

RAYMOND, C.A.

(1988) Combating a deadly combination:intravenous drug abuse, acquired immunodeficiency syndrome. NEJM 259.

RICHMAN, D.O., et aJ.

(1987) The toxicity of azidothymidine (AZl) in the treatment of patients with AIDS or AIDS-related complex. NEJM 317.

SAFI, B., et al.

(1991) Kaposi's sarcoma among lllV-negative high risk population. vn International Conference on AIDS, Florence, Italy.

256

SELIGMANN, M., et al.

(1984) AIDS - an immunologic revaluation. NEJM 31I.

SELIK. R.M., et al.

(1990) Impact of the 1987 revision of the case definition of acquired immune deficiency syndrome in the United States. J. AIDS 3.

SHENTON, J.

(1992) HIV, AIDS, and zidovudine. Lancet 339.

SMITH, DG.

(1990J Thailand: AIDS crisis looms. Lancet 335.

S'IEWART, G.T.

(1989) Uncertainties anout AIDS and HIV. Lancet i.

TEDDER. R.S., et al.

(1992) HIV. AIDS, and zidovudine. Lancet339.

VERMUND,S.

(1991) Changing estimates of HIV-1 seroprevalence in the United States.

J. NIH Res. 3.

VOEVODIN, A.

(1992) HIV screening in Russia (letter). Lancet 339.

VOLBERDING, P.A., et al.

(1990) Zidovudine in asymptomatic human immunodeficiency virus infection: a controlled trial in persons with fewer than 500 CD4-positive cells per cubic millimeter. NEJM 322.

WEISS, R.A.

(1988) A virus in search of a disease. Nature (Lond.) 333.

(1989) AIDS: defective viruses to blame? Nature (Lond.) 338.

(1990) Duesbecg, HIV and AIDS. Nature (Lend.) 349.

WEISS, S.H.• et al.

(1988) Risk of human immunodeficiency virus (HIV-1) infection among laboratory workers. Science 239.

WINK.ELS'IEIN, W., et al.

(1987) Sexual practices and risk of infection by the human immunodeficiency virus: the San Francisco men's health study. JAMA 257.

****

257

DEADLY DECEPTION

AT THE LAST MINUTE.••Just as I was putting the fmishing touches on my manuscript,I was contacted by a couple who had read about the Lanzarote lecture and the television show. They called and ask if I had

the time to advise them on a serious problem involving their daughter. They sent me this Jetter they bad received from her.I wrote in my comments (in bold type and bracketed) and sent it back.

****

31st October 1993

HALLOWEEN!

Dearest Daddy,

Thank you so much for the fascinating translation of Dr.

Willner's claims. There seems to be a lot of uncertainty over the past ten years of research within the holistic doctors and the orthodox - forever battling against each other. 'The Scam' is something I've been aware of for a year or so, and have spent many a time discussing it with Dr. Robert Jacobs (my herb Doctor). He, unfortunately, is not in London at the moment, so I

have been unable to

ask his thoughts on Dr. Willner's theories, but through our discus-sions, I know that he has very similar views, and I believe that I am a prime example. However, he does, contrary to my Acupuncturist, believe that things like "pentamodine" (the anti-pneumonia inhalation I take each month) is beneficial. Where as my Acupuncturist disagrees and claims that the side effects will be far more difficult to handle that the pneumonia itself!

My Acupuncturist-Dr.Ira Staebler-says be has beard of Dr. Willner, that be bas been injecting himself quite a lot and that his theories are valid. He believes that Dr. Willner *is* right in saying HIV does not lead to AIDS, but that AIDS comes about to those with a certain life style. Malnutrition, drug users and the decadent lifestyle of countless anonymous lovers, 10 ejaculations per night, etc., etc...Basically those that abuse our bodjes' defenses, purpose-fully or not, as in the case of 3rd World countries.

There are a few questions that, if you have a chance to slip into the conversation, would help clarify my head.

IfHIV does not necessarily lead to AIDS, then what does it do?

(nothing!) AIDS taken for what it means - "Acute [acquired]

Immune Deficiency Syndrome"- Surely ifillV infects the T4 cells

[our fighter cells] then we will be bound to contract a disease soon enough? [It doesn't "attack" and it causes nothing]

How does one get HIV? [Who cares? It's drugs and malnutrition that causes AIDS]

If, HIV does not lead to AIDS, then can the Immune system be boosted even with the HJV virus? [absolutely]

If so, how? What foods? What supplements? Actually, I probably know this. [You probably do-eat right, (organic foods) enjoy life and stop drugs.]

What is Quilation? [Chelation- detoxifies, enhances circulation and improves the body's function including the immune response down to the individual cell]

Are the T4 counts a true reading of one's immune strength? I have known that the virus HIV attack these cells. Therefore, the less you have, the less they have to attack-and when they've attacked them all-what then? [wrong again-get on-brainwashed -T4 counts are general in meaning; concentrate on getting healthier and stop taking tests!]

Is it possible that I may not have HIV? That, because of a bout of mental disorder, malnutrition, Giardia and Intravenous Salmo-nella, my immune system bad dropped so low that HIV seemed the only answer? I was originally also told I had AIDS; yet I stand now, fitter, stronger and healthier than ever-on a T4 count of 170-

?! [You may not have HIV, but who cares? The *test* is notoriously invalid and it doesn't make a difference in any case.]

Is it worth having a test for Factor VITI as this seems to be the cause of AIDS? [NO!It's the impurities in Factor vm that are the problem, and if you are not a hemophiliac, and not receiving transfusions, forget it!]

Should one be re-diagnosed? [WHAT FOR?]

If HIV need not lead to AIDS, then what does it do? [NOTHING! Well, maybe a mild flu you didn't notice.]

259

DEADLY DECEmON

Does this discovery Lhen bring about a decision between H1V

and Factor Vlll? [No!] Could this be connected to lra"s theory on lifestyle? [Now you're getting it!]

I can't think of anymore questions and I've heard many different answers to the ones above, but would be interested to hear what he thinks. This is very exciting and also very complicated for my very un-scientific head!! [That's what fraud is aU about. If doctors have been duped, don't fee) too bad that you've been confused. Just get angry and shout it to the media!}

But,I think what he is claiming, is very similar to what is being mumbled in the underground of HJV and AIDS medicines. The decision between HIV and factor Vill is I think a very important one, which "the powers" have chosen to ignore for fear of "egg on their faces"! [There is no such decision, and "the powers that be" deserve prison] The whole thing is a very expensive scarry mess. [Don't forget deadly!]I believe the only \.\iay is fmd what you feel best with in the way of medicines and cures - and in my case, its a little bit here and a little from there, to try to find a balance- (Whatever you do, don't take AZT!)

Its very exciting that Drs. such as Dr. Willner, are standing up and talking out loud. He HAS to be heard, not only for those contaminated but to lift the stigma that has been unjustly placed on those infected. [How right you are!] I

tend to believe both Dr.

Willner and Ira, that AIDS is brought about by a lifestyle and probably with factor VIII-but that leaves me unclear as to what and how HIV works? (But now you know: Nothing.It sleeps!) Exciting things are happening.I am not going to even think of contracting AIDS but concentrate on building up my body's immunity in a Holistic way, without as much as possible, using any of the drugs prescribed by "the Scam".

Its cold, cold here in London and there always seems a million and one things to do.I have to write a huge, long essay now on my thoughts of the 20th Century American Art Exlubition which was fantastic, by the way.

Yet even with thar, there is a huge amount of back stabbing controversy. "Who's to say that what was shown is American Art?" Who are the manipulators? The world powers who want us 260

Anyway, I wish you a happy day and send you lots and lots of love. I look forward to hearing about your conversation with Dr.

\Viliner.

Huge kiss,

Nancy

Thank you for the information once again. It came at a time when I was beginning to doubt my survival! All my sties, coldsores and toothache disappeared within two days of speaking to you -

extraordinary how the mind plays. Just don't give in and believe the best. Hope is a fantastic cure!!

NOW YOU'VE GOT IT-GOD BLESSr

****

This young lady had been on drugs. She is only one of millions of human beings who was at risk of being slaughtered by this fraud. She's one of the lucky ones.

One life saved -millions to go.

Demand a complete scientific and criminal investigation now.

Stop the genocide

CLASS ACTION SUIT

KEITH PARK COMPANY IN LONDON

IS INSTITUTING A CLASS ACTION SUIT

AGAINST BURROUGHS-WELLCOME (AZT).

FOR THOSE ASKING TO JOIN

A CLASS ACTION SUIT IN THE UNITED STATES

CONTACT: Project AIDS International

8033 Sunset Boulevard

Los Angeles, CA 90046

(213) 660-3381 Phone

(213) 661-3339 Fax

EXCERPTS FROM THE UNITED NATIONS HUMAN

RIGHTS COMMISSION Geneva, Switzerland, 1993

PRESS RELEASE HR/3358 08 MARCH 1993 (afternoon) page 13 Children's Issues - Agenda Item 24...

"KAREN PARKER Qntemational Educational Develop-nHml) said that ch1ldren m the t;nited States suffered the most governmental disregard of any in the developed world. The United States had a relatively high percentage of children born to lflV-positive mothers. Srudies showed that between two thirds to 87% of those infants wouJd seroconvert to HIV-negative within 18 months without any therapeutic interven-tions. Unfortunately, many infants were treated with AZf, a drug whose extreme toxicity had been bringing it under scrutiny. According to many researcher-, there was no rational reason to give HN-positive babies that drug - the drug ttself would surely kill them. The intemationaJ commumty, anc especiaJ1y developing countries where AIDS was a crisi situation, needed to have all appropriate mechamsms such a adequate drug monitoring in order to ensure compliance with the most basic right - the right to life."

****

PRESS RELEASE HR/3360 09 March 1993 (afternoon) page 14 Science and Technology- Agenda Item 14...

"KAREN PARKER (International Educational Development) said the introduction of the chemical substance AZT into HIV-positive but otherwise healthy persons was based on unproven theories that human immunodeficiency virus (HlV) was the direct cause of acquired immune deficiency yndrome (AIDS). It, not AIDS, ultimately resulted in their premature deaths. Based on Dr. Robert C. Gallo's unproven hypothesis that HIV was the sole and direct cause of AIDS, the United States Public Health Service bad embarked on a campaign that had continued to state that mv would be controlled by getting tested for the "AIDS VIRUS" and starting early intervention in the event of a positive test result. This dogmatic hypothesis based on a person convicted of cience fraud and

the perpetration of this information by the United States Government was either directly or indirectly responsible for the premature deaths of hundreds of thousands of people worldwide. She urged the United Nations to intervene in the dissemination of propaganda with regard to the unfounded hypothesis that lflV was the direct cause of AIDS and to urge a ban on the use of A.Zf."

262

Excerpt from *The Daily Telegraph, London,* April 3, 1993

"IDV carriers advised to stop their treatment"

By Peter Pallot, Health Services Staff

"A leading specialist told 13,000 apparently healthy people infected with the AIDS virus yesterday that they would be better off without drug therapy."

Pallot was referring to Professor Tony Pinching, Director of Immunology at St. Bartholomew's Hospital, London.

****

A paper published by Barbara E. Griffin, Director and Professor of Virology, Royal Postgraduate Medical School, London, in Nature, May, 1990, quoted two microbiologists as saying, "It would irresponsible to produce guidelines on AIDS

until an infectious microorganism is identified and the means by which it causes disease are understood. It is only now becoming obvious that infection with IDV does not usually give rise to AIDS."

****

PROJECT AIDS INTERNATIONAL "AN URGENT

APPEAL FOR ACfiON., Presented to the United Nations Commission on Human Rights, Feb. 1993

For conventional physicians to discount or discredit alternative approaches that have shown scientific viability -based on ego, ignorance, or simple refusal without scientific basis - is wholly irresponsible and clearly indicates a lack of concern for the patient. ... When the threat of AIDS has been reduced to historical reference and truth in science and medicine has been restored, we will then have accomplished what we originally set out to do. *PROJECT AIDS JNI'ERNATIONAL*

****

"We recognize that denial and resistance to change has been the prevailing attitude during this (AIDS) epidemic's first decade." Ariel Francais, Deputy Director, European Bureau, United Nations Development Programme.

"... promoters of this false hypothesis state that the 'proper monitoring of your T-cells' will assure that you will know at what stage to begin AZf treatment. The current primary measure for early intervention with AZT is when your T-cells (specifically CD4+ helper cells) 'fall to 500 or below on two 263

consecutive blood tests.' The CDC states (without benefit of scientific reference) that the 'normal' range for CD4+ helper cells in HIV-negative 'healthy' persons is 600 to 1200.

However, based on PAl's research, given the published information in accredited me<lical journaJs1 the normal range of CD4+ helper cells for healthy mv-neg. adults is 237 to 1,817.

Further, in tests completed on US Olympic athletes in 1984, the average range of CD4+ helper cells was between 400 and 600. Certainly, the US athletes were not considered to be unhealthy: yet these are the markers used to instill fear and manipulate IDV-positive persons into taking a toxic chemotherapy when they are otherwise healthy.

Based on Dr. (Robert C.) Gallo's unproven hypothesis that mv is the sole and direct cause of AIDS, the US Public Health Service2 has embarked

on a campaign of implied terror and misinformation that has continued to state that "HIV, the virus that causes AIDS." can be controlled by... early intervention...

with Zivovudine... AZf (which) is cytotoxic, in that it kills all c.el s indiscriminately, not just those cells infected by mv.

Project AIDS International charges that this dogmatic hypothesis based on the findings of a person convicted of science fraud, and the perpetration of this information by the United States Government who continues employing Dr.

Gallo is either directly or indirectly responsible for the premature deaths of hundreds of thousands of people worldwide.

When PROJECT AIDS INTERNATIONAL (PAl) asked the Centers for Disease Control (CDC) for scientific verification that *HN,* was, in fact, the cause of AIDS, they were told "it was just known" that lflV causes AIDS. No scientific references were cited. Weeks later they received an information packet citing Dr. Gallo's paper from the Journal of Acquired Immune Deficiency Syndromes 1:521-535/1988. Note that this anicle was published 4

years after Gallo announced his scam. Gallo's paper is the poorest excuse for a scientific document

and certainly is not proof that mv causes any disease.

****************..... **

PAl in *AN URGENT APPEAL FOR ACTION* recognized

"that the scientific and medical practices of the United States are accepted without question as an authority in most developing countries, with the same faith that U.S. citizens placed in Dr.

Gallo. If we have been deceived3 it has surely cost hundreds of thousands of lives and will ultimately result in the needless loss of millions of lives worldwide. In what 264

appears to be a conspiracy of profit over life, we wish to call attention to the propaganda of various AIDS educational publications; especially those documents pubhshed by the CDC

in conjunction with the Pharmaceutical anufacrurers tion4 (which is also endorsed by the US FDA) and includes the sharing of letterhead with the Pharmaceutical Advertising Councils. This appears to indicate an implication of impropriety based on the fact that the US FDA is an enforcement agency charged with the regulation of all legal drugs and, therefore, should maintain a professional distance from private pharmaceutical interests so as to remain an impartial, unbiased oversight agency. This has resulted in a monopoly of manipulation based on an unproven HIV hypothesis which is being marketed by both private and governmental sectors for the sake of financial gain at the expense of human life." (Our democracy is in serious danger if this is not stopped! REW)

••••••••••••••••••••••••

In the section BABIES ARE DYC\G... AND THEY'RE

NOT EVEN SICK! PAI states:

"An eighteen month study (European)6... that of 372 infants born to HIV-posiuve mothers, only 13% of the infants ever acquired the HIV virus... In the United States1... two thirds of infants born to HIV-positive mothers also seroconverted to HIV-negative within eighteen months: again, without therapeutic intervention. From this, one could conclude that the practice of treating HIV-positive infants with AZT - based on 1) tests with questionable accuracy such as the ELISA and/or Western Blot and/or 2) presumptive diagnosis when no clinical illness is present - is murder! Murder as used here means 'the introduction of a known toxic substance that ultimately results in the infant's premature death.' The fact that prescribing AZf is considered a 'majority practice' is no defense for the violation for the basic human right to life."

••••••••••••••••••••••••

PAI notes that although numerous studies substantiate Wellcome Ltd. claims that AZT "prolongs life" and "enhances its quality" these studies were made possible, directly or indirectly, by grants from the Burroughs-Wellcome Foundation.

In their pamphlet "Positive Benefits", Wellcome states "there are no life threatening side effects associated with zivovudine.'

PAl then lists all the "side-effects" asking if these prolong life or enhance its qualities - cancer, bone marrow depletion, anemia 265

DEADLY DECEPTION

requiring blood transfusions, loss of mental acuity, etc.

PAl ALSO POINTS OUr THAT THE ORIGINAL

TOXICITY PROFILE ON AZT WAS FRAL1>ULENTLY

REPORTEI)8, A 1>

MORE TOXIC TO HUMA!\ CELLS THA:'Il WHAT WAS

ORIGINALLY CLillfED9.

PAI concludes with the following statement:

"If action is not taken immediately against those who are directly or indirectly responsible for these crimes against humanity through the practice of profit over life, the drug-induced AIDS deaths will, most certainly, reach proportions unparalleled by any natural catastrophe in human history. Even none case of deprivation of this most basic human right - the right to hfe - should be the concern of all mankind.

PAI PRESS STATEMENT:

The patient IS not dying of the unproven destruction of human cells by HIV, but by the proven effect of AZf.

Therefore, we state that the use of AZf is both (a) cruel treatment and (b) fulfills the fact of clean torture. We state

"cruel treatment, because the patient has been given a death sentence based on the unproven hypothesis of HIY=AIDS

=DEATH and the patient cannot escape the physicians authority (also known as a "fear trap") that the patient must take AZT.

We state "clean torture" because the death caused by AZT

will be said that it was the prognosed death caused by HIV

infection. The result is a "self-fulfilling prophecy." The cause of death will be called HIV infection rather than the treatment prescribed through the physicians. While the patient is dead, the physician is left clean.

1 Journal of the American Medical Associauon (JA\1A) DeMy.et al. 1992, vol 2671.;84-1488.

2 Constsung of the Center for Disease Control (CDC). ati Health (11.1H „ Food and Drug Admmistration (FDA) and other governmental health agencies.

3. fy

"lf'?

4. A pnvate sector lr3de uruon of wlrlch Wellcome is a member.

5. Document number A61PAI Arcbtves 1992.

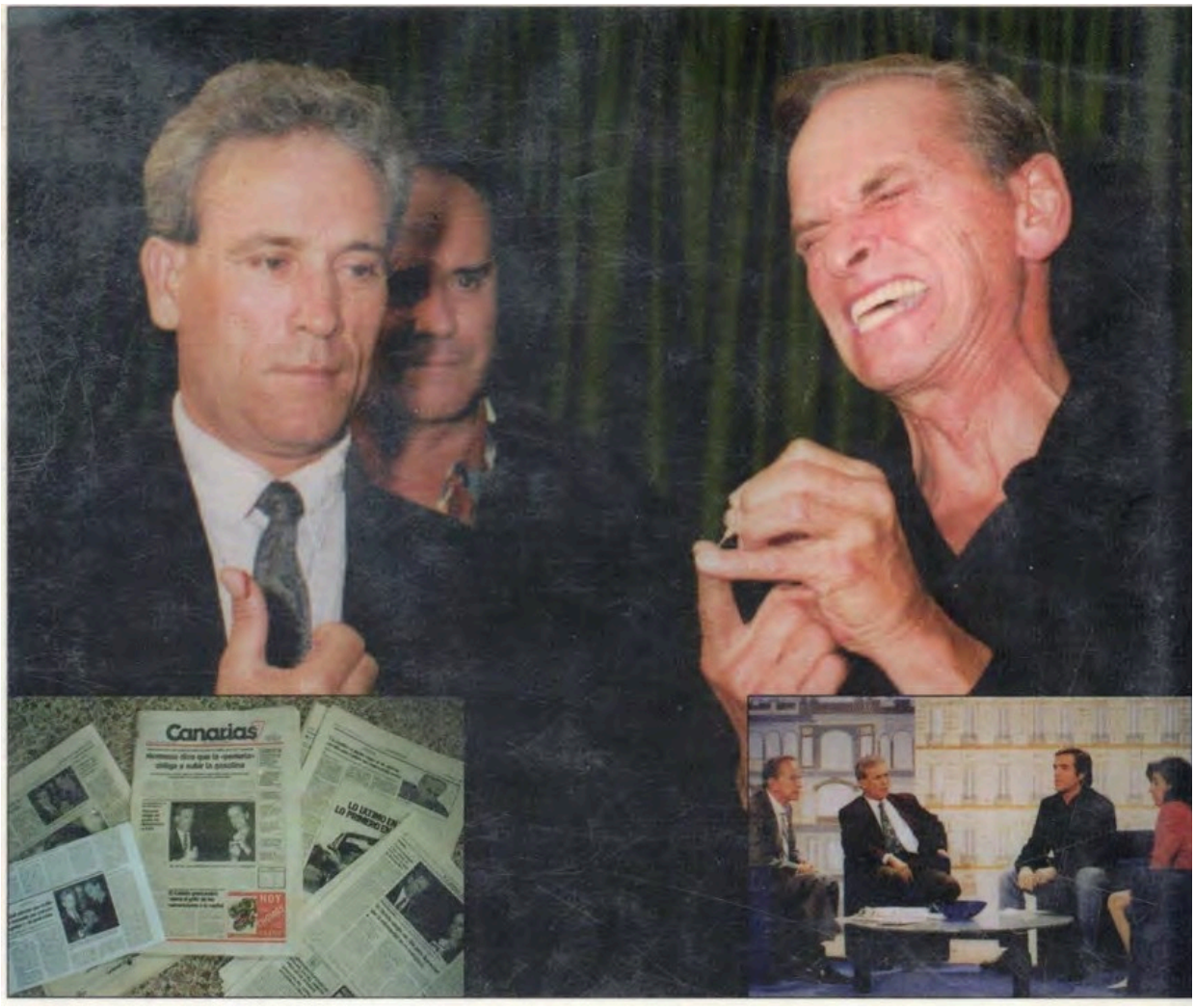
6. Peckham, et al. Infant Serocon ·ersion

7. New York L'niversity Medical Center Pedlatnc Dept. -1990.

8. Cbemov,l986, Elwell eL al. 1987; Yarcboan & Broder. 178b Smothers, 1991 , Ynrchoan et al 1991.

9. PH. Duesberg, Phannac.Ther., Vol. *55,* pp 201·277 *I* Avranus et al. 1989/ Ho and Huchcock, 1989/ Hitchcock 1991.

266



+ In 1993, Dr. Willner stunned Spain by inoculating himself with the blood of Pedro Tocino, an HIV positive hemophiliac. This demonstration of devotion to the truth and the Hippocratic Oath he took, nearly 40 years before, was reported on the front page of every major newspaper in Spain. His appearance on Spain's most popular television show evoked a 4 to 1 response by the viewing audience in favor of his position against the "AIDS HYPOTHESIS ", yet this historic event was never mentioned in the U.S.

press...Wby?*

+ On October 3, 1993, the *London Times* headline read, "African Aids 'a myth' "·

Inside, across two pages, the headline screamed, "The Plague That Never Was", yet this story has not even been mentioned in the mainstream U.S. press...Wby?*

+ A major research group in Australia has revealed that the test for HIV is completely invalid, unreliable and riddled with false "positives.' Measles, the flu, more than a hundred common infections and even a "flu shot' can render a person HIV positive.

This story also appeared on the front page in banner headlines in the Sunday edition of the *London Times,* yet it too was never carried here in the United States...Why?*

+ People who test positive for HIV are in most cases completely normal and healthy!

If like so many others, they are placed on AZT they will be murdered by the AIDS it produces- thus the false and deadly prophecy is fulfilled! More than 500 of the world's leading scientists have challenged the AIDS hypothesis -- they are being silenced, slandered and ignored...Wby?*

The answers are here in *Deadly Deception!